

**Ames Area 2008
Passenger Transportation Development Plan**

Submittal Date: March 30, 2007

Submitted By:



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Introduction

The Passenger Transportation Development Plan (PTDP) is a required planning document mandated by the newly reauthorized transportation bill SAFETEA-LU. This mandate charged each urbanized and regional area with the task of coordinating transportation with all transportation providers and human service agencies to improve transportation services for persons with disabilities, older residents and individuals with lower incomes. The Iowa Department of Transportation is requiring the Ames Area Metropolitan Planning Organization (AAMPO) to be responsible for the Ames area plan. The AAMPO will approve the final recommendations within the PTDP plan due to their overall responsibility.

The PTDP document is a four-year plan to identify needs, objectives and goals that will identify transportation projects to meet these needs and goals. The plan will be modified each year. Its primary focus is to develop services for the disabled, aging, and low-income populations. It is also an arena to allow human service providers to discuss needs for their specific clients that will result in a better transportation network for all residents. This is also an avenue to avoid possible duplication of services to allow coordination between service and transportation providers. It is anticipated that this coordinated plan will enhance transportation access, minimize duplication of federal services and encourage cost-effective transportation solutions.

Furthermore, all federal funding directed toward underserved populations: the Elderly and Disabled program (5310); the Job Access and Reverse Commute (5316) and the New Freedom program (5317) are required to have a coordinative effort in developing needs and objectives within this plan. Beginning in FY2007, federal law requires that all projects proposing use of federal assistance from 5310, 5316 and 5317 must first be derived from the PTDP document. Iowa requires that all projects receiving either state or federal transit funding be included in the PTDP. Any projects developed within the PTDP by the AAMPO can then be incorporated into the local Transportation Improvement Plan (TIP) for further inclusion into the statewide TIP.

Finally, participation and enhanced communication by multiple partners will result from this planning effort. Coordination will encompass not only the transit providers (private and public), but human service agencies as well to realize this PTDP. The success of the plan depends on community-wide involvement and participation in the planning process.

Background

In response to the new SAFETEA-LU bill, the Iowa Department of Transportation developed guidelines for MPO's to formulate their own Passenger Transportation Development Planning process (PTDP). The Office of Public Transit began by conducting regional Mobility Action Planning (MAP) conferences during the summer 2006 in cooperation with MPO's and transit systems. The goal was to assist MPO and RPA agencies to complete their PTDP process by February 1, 2007.

The Ames Passenger Transportation Development Plan discusses the transportation efforts within the City of Ames city limits as required by federal and IDOT guidelines. The Central Iowa Regional Transportation Planning Agency (CIRTPA/Region 11) is responsible for the rural PTDP efforts for the following eight counties: Boone County, Dallas County, Jasper County, Madison County, Marion County, Polk County, Story County and Warren County. Story County encompasses the Ames city limits and therefore transportation outside of the urbanized Ames city limits would be covered by CIRPTA's PTDP document. The two metropolitan areas of Ames and Des Moines would be excluded within CIRPTA's efforts since their respective Metropolitan Planning Organizations are responsible for coordination within their urbanized areas.

Ames began their PTDP process in November 2006. This PTDP incorporated a coordinated planning process bringing both Transportation Providers and Human Service Agencies to the table in early January 2007 to discuss issues/needs and possible solutions for those needs. It is there that the needs of all parties were addressed and project justifications were developed for transit systems operating in the area.

Methodology

In early December, a transportation provider survey was distributed to 14 providers (public and private) in the Ames area. Four (28.5%) of the following providers responded to the survey questionnaire marked with an asterisk and indicated an interest in participating in the development of transportation projects for the Ames area.

Public Transportation Providers

- *CyRide
- *Heartland Senior Services (subcontractor to Heart of Iowa Regional Transit Agency)

Private Transportation Providers

- *Central Iowa Transit, Inc. and CIT Charter Inc.
- *Farley’s Limousine Service
- Midwest Coaches, Inc.
- Ames Taxi
- Northland Travel
- Jamison Express
- Budget Cab
- AJ’s Best Stretch Limousine
- Ames Limousine Service
- Crown Limousine Ltd.
- Racing Limos of Central Iowa
- Star Shuttle Party Buses

In addition, 42 human service providers in the Ames area were contacted and were requested to participate in the PTDP process by completing a survey. Those participants were asked to also participate in the development of the needs/objectives/solutions/projects session in early January. The following 22 participants (52.4%) took part by completing the survey and are identified below. (A full list of where surveys were sent is in Appendix C.) Of the 22 agencies, 6 individuals within these agencies highlighted grey below and transportation provider representatives on the next page attended the Ames area transportation meeting held on January 11, 2007. During this meeting, projects were identified to be incorporated into the PTDP based on the needs identified within the surveys and at the meeting. In addition, those agencies highlighted yellow also indicated they provided transportation to their clients by vehicles they owned/operated. However, only Heartland Senior Services provided additional information regarding their fleets when requested. None of the other transportation providers below in yellow attended the coordination meeting in January as well.

Human Service Providers

- | | |
|---|---|
| <ul style="list-style-type: none"> • American Red Cross • Center for Creative Justice (CCJ) • Good Neighbor Emergency Assistance Inc. • Friendship Ark Homes • Habitat For Humanity of Central Iowa • Heartland Senior Services • Homeward • Iowa Department of Human Services (DHS) • Lutheran Services in Iowa • Mainstream Living Employment & Learning • Mary Greeley Medical Center | <ul style="list-style-type: none"> • Mid-Iowa Community Action (MICA) • Retired and Senior Volunteer Program (2) • Riverside Manor • Story County Commission of Veteran Admin. • Story County Community Housing Corporation • Story County Community Life Program • The Abington on Grand • United Way of Story County • Youth & Shelter Services Inc. * • Youth & Shelter Services: Pathways • Youth & Shelter Services – Healthy Futures |
|---|---|

Other Attendees

Shari Atwood, CyRide	Sheri Kyras, CyRide
Vanessa Baker-Latimer, City of Ames Planning & Housing	Dylan Mullenix, Des Moines Area MPO
Tom Davenport, CyRide	Kristin Nanke, HIRTA
John Grzywacz, CIT	Dominic Roberge, Public Works
John Joiner, Ames Area MPO	Casey Speake, CIT

Existing Transportation Operations

Transportation operations within the Ames metropolitan area generally consist of the following transportation providers that responded to the survey questionnaire:

	Ames Transit Agency - CyRide	Heartland Senior Services	Central Iowa Transit, Inc and CIT Charters, Inc.
Type of Service	Fixed-Route	Public transit for Story County as contractor for Heart of Iowa Regional Transit Association, ADA service for City of Ames (Dial-A-Ride - DAR) as contractor for CyRide	School transportation to Ames Community School District, "EXTRA" service to CyRide for high volume bus stops to ISU; Wilkinson apartment complexes transportation, private motorcoach service for hire, Des Moines School District "Activity" transportation and ISU event transportation.
Who is Eligible?	General Public	Seniors, Persons with Disabilities and general public	Ames Community School District, CyRide, Jefferson Lines and Burlington Trailways, as the operator of the Ames Bus Depot
Hours/Days of Operation			
Monday through Friday	6am – 12 am	6am – 12 am (City of Ames; 6pm end time for rest of county)	All times
Saturday	8:00 am to 12:00 am	8:00 am to 12:00 am (City of Ames only)	All times
Sunday	9:00 am to 12:00 am	9:00 am to 12:00 am (City of Ames only)	All times
Holidays	Partial services most holidays, closed Thanksgiving, Christmas and New Year's Day	Partial services most holidays, closed Thanksgiving, Christmas and New Year's Day	All times
Number of Employees			
Volunteers	0	15	0
	Full time Part-time	Full time Part-time	Part-time
Administrative	6 -	3 2	4 1
Drivers	29 74	- 25	- 35
Maintenance	10 6	- -	4 -

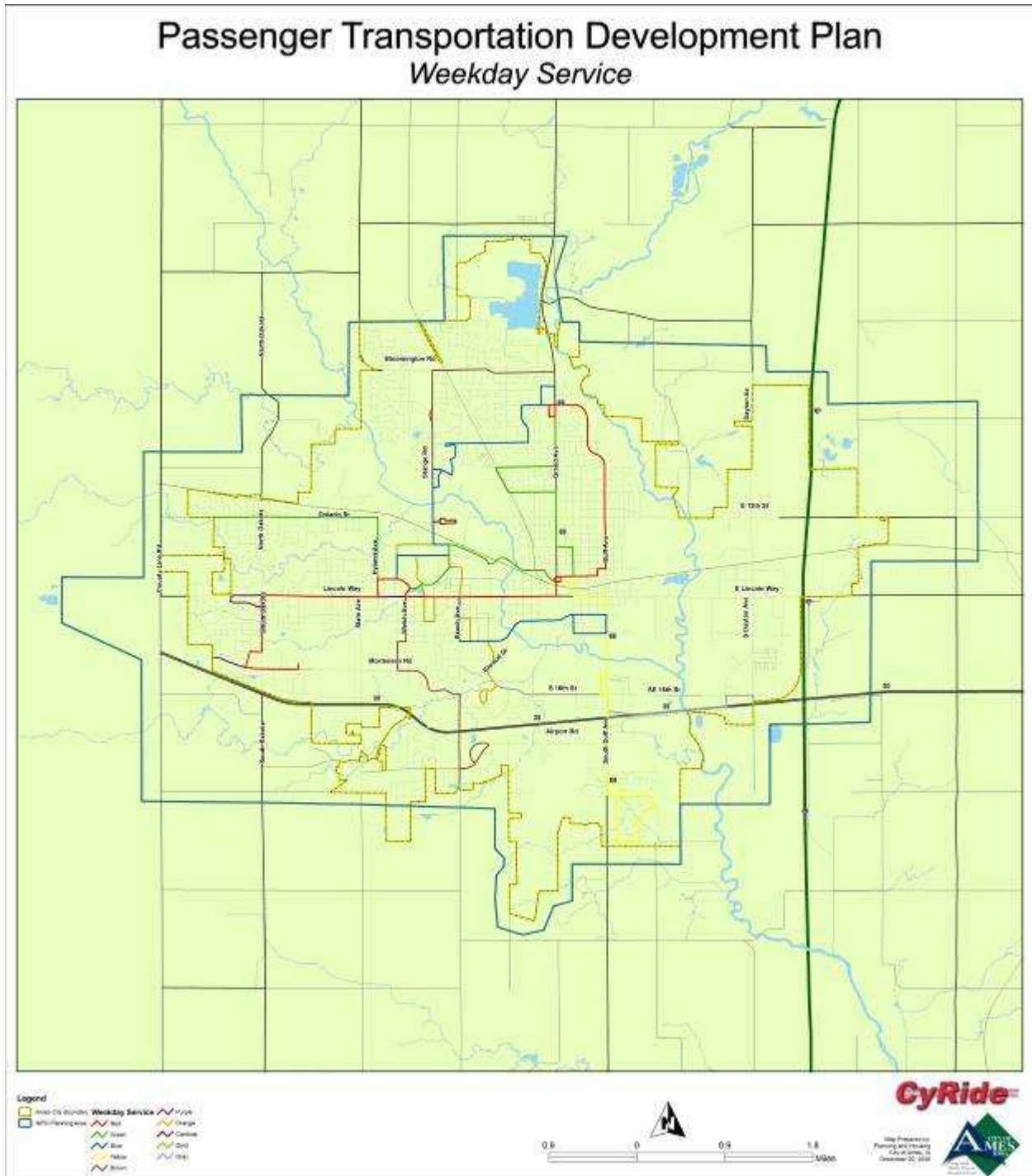
	Ames Transit Agency - CyRide	Heartland Senior Services	Central Iowa Transit, Inc and CIT Charters, Inc.
Union Structure	Yes, International Union of Operating Engineers – Local 234	None	None
Receive Public Money?	Yes	Yes	None directly; however contract with Ames Schools and CyRide receiving local funding from these public organizations.
Fare Structure	\$1.00 adult; 50¢ elderly/disabled, K-12 students and medicare cardholders; free ISU students	County trips - \$5.00 each way	n/a
Vehicle Fleet			
Buses	59	13	43
Trucks	3	0	1
Vans	2	2	2
Sedans			1
Vehicles with lifts/ramps:	45 (65.2%)	15 (100%)	4 (11.4%)
Vehicles with radios/phones:	69	15	35
Shared Facilities	None	Congregate Meal Site, Activity Center and Adult Day Care	None
Coordination Interests	Networking with transportation/human service providers to look at coordination, contracting to purchase transportation service, cooperatively purchasing vehicles	Networking with transportation/human service providers to look at coordination, centralized fuel purchasing, pooling training resources, cooperatively purchasing vehicles.	Networking with transportation/human service providers to look at coordination, contracting to provide transportation service.
Special Needs, New Freedom or JARC funding utilized	Special needs funding utilized to subcontract with Heartland to provide ADA complimentary service.	None	None specified
Public Comments	See public comment section on page 14.	ASSET surveys issued spring 2006 provided 300 responses. Majority of comments were positive about the service. The biggest issue was wait time to get to talk to someone in the transportation office during peak hours of the day.	None specified

It should be mentioned that one additional private transportation provider responded to the survey, Farley's Limousine service, located in Boone, Iowa providing transportation statewide. Farley's has one non-accessible 2000 Lincoln Town Car limousine seating 12-14 passengers. Their service fees are \$50-\$125 per hour.

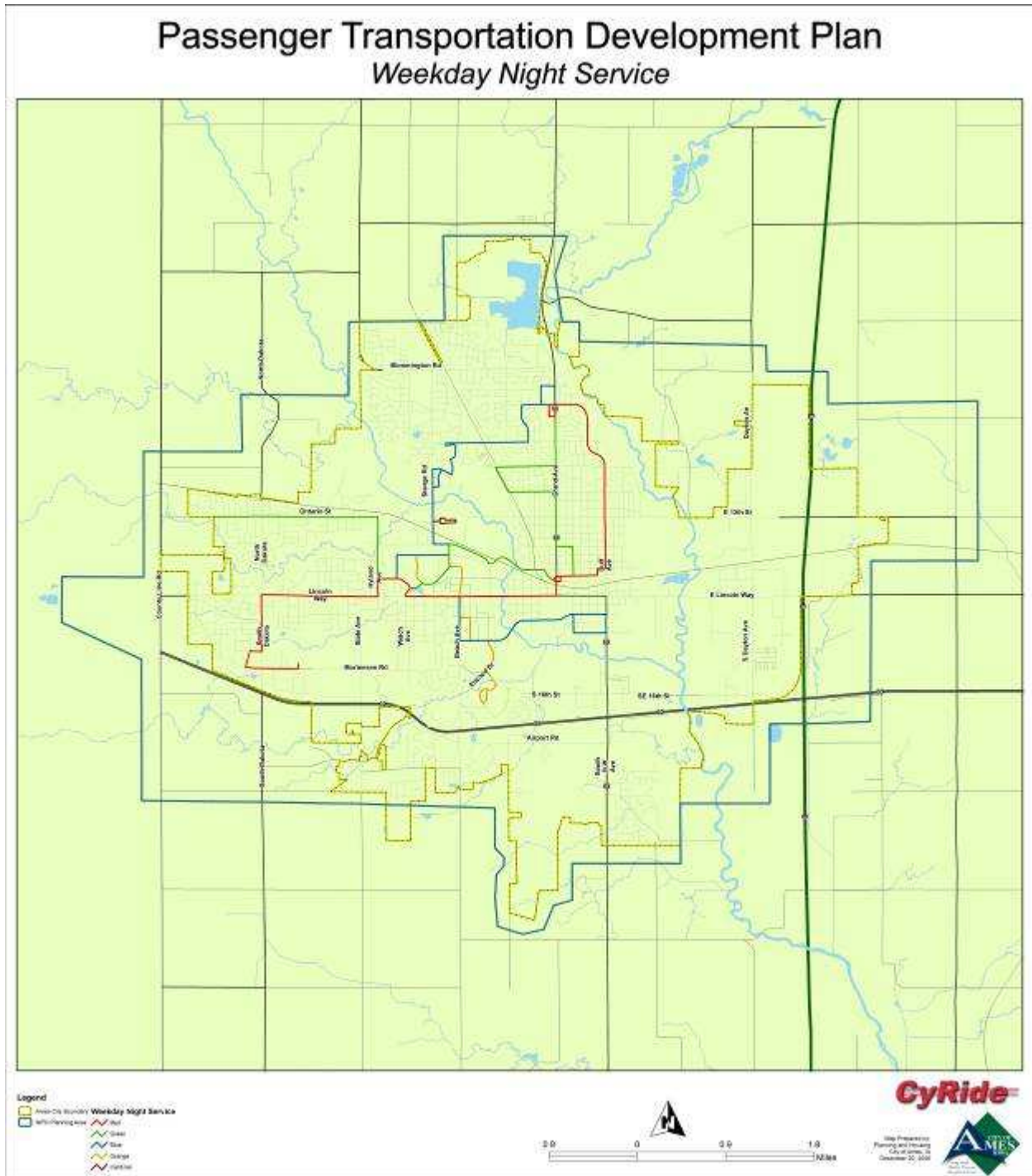
The frequency of CyRide's existing services are identified and broken down into four service periods identified as follows: Weekday, Weekday Night, Saturday, and Sunday/Saturday Night. The peak frequency table below illustrates service frequency during these time periods.

	PEAK FREQUENCY (Minutes)			
	Weekday	Wkdy. Night	Saturday	Sunday
Red #1	10	40	20	40
Green #2	20	40	40	40
Blue#3	20	30	20	40
Yellow #5	30	-	30	-
Brown #6	20	-	40	-
Purple #7	40	-	-	-
Cardinal#21	7	20	-	-
Gold - #22	20	-	-	-
Orange - #23	3	20	-	-

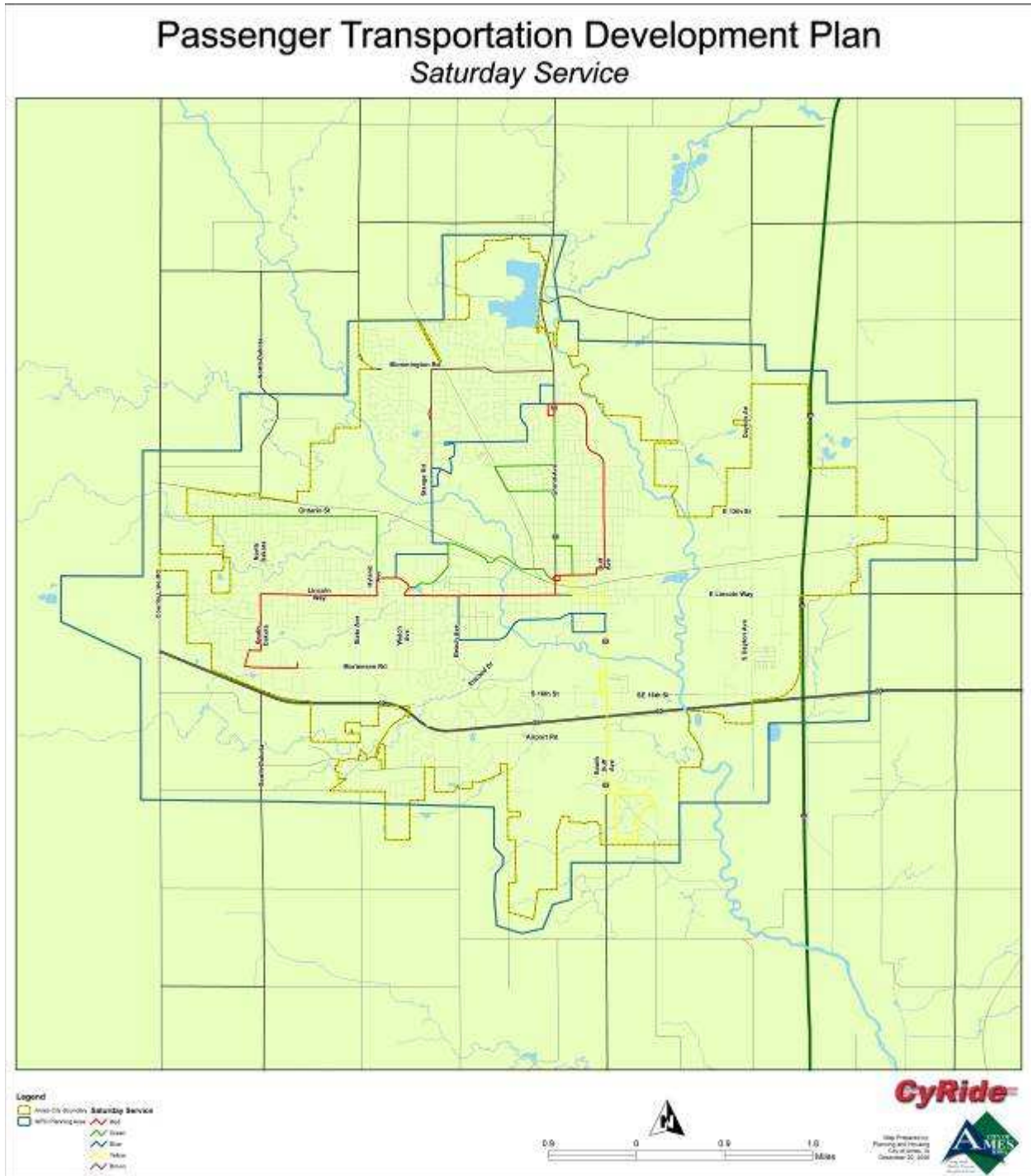
The following service map identifies services operated by CyRide during the Weekday time period (6am – 7pm). Routes operated at this time include: Red, Green, Blue, Grey, Yellow, Brown, Purple, Cardinal, Gold, and Orange.



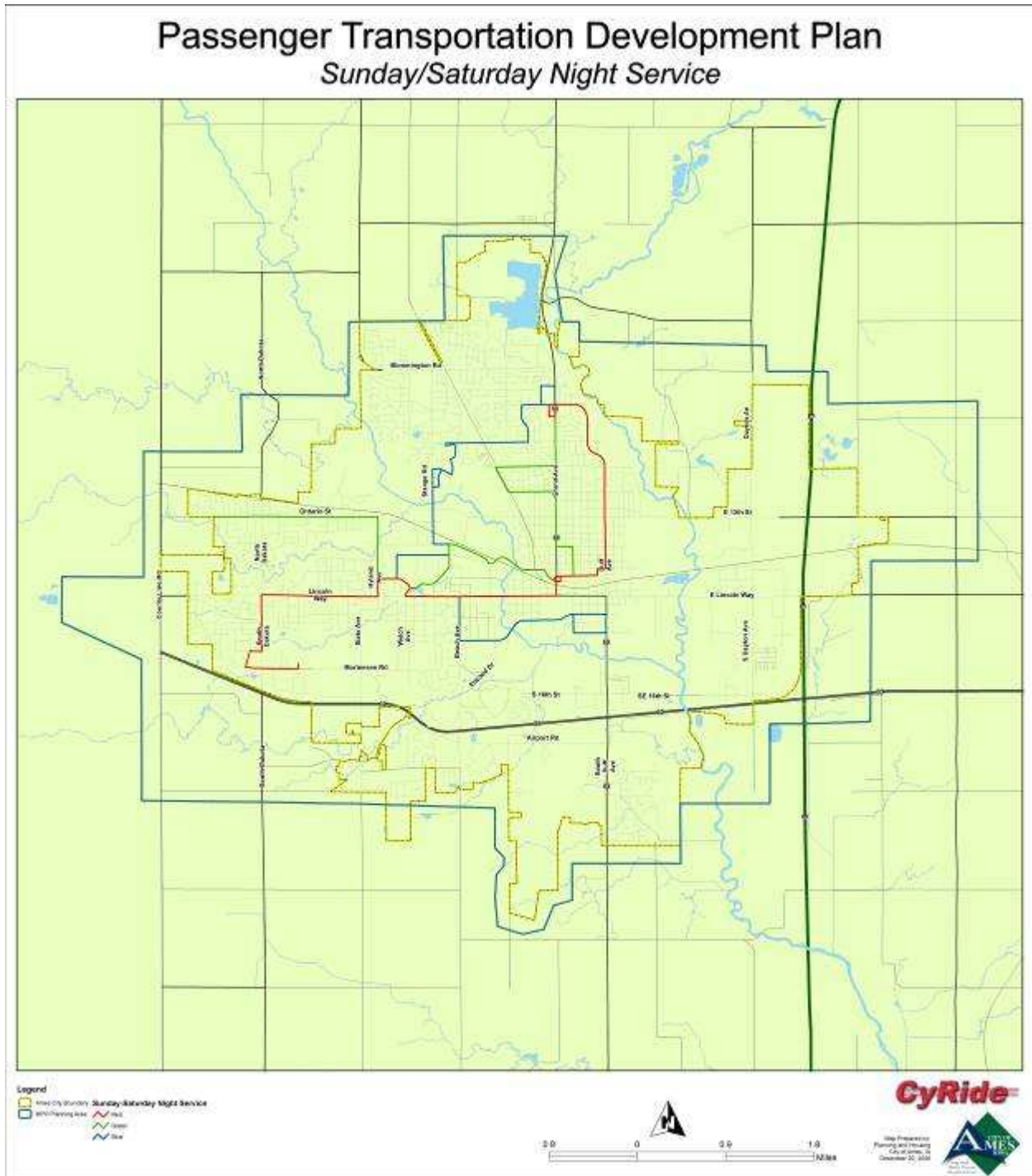
The following service map identifies services operated by CyRide during the time period Weekday Night (7:00pm – 12:30am). Routes operated at this time include: Red, Green, Blue, Cardinal and Orange.



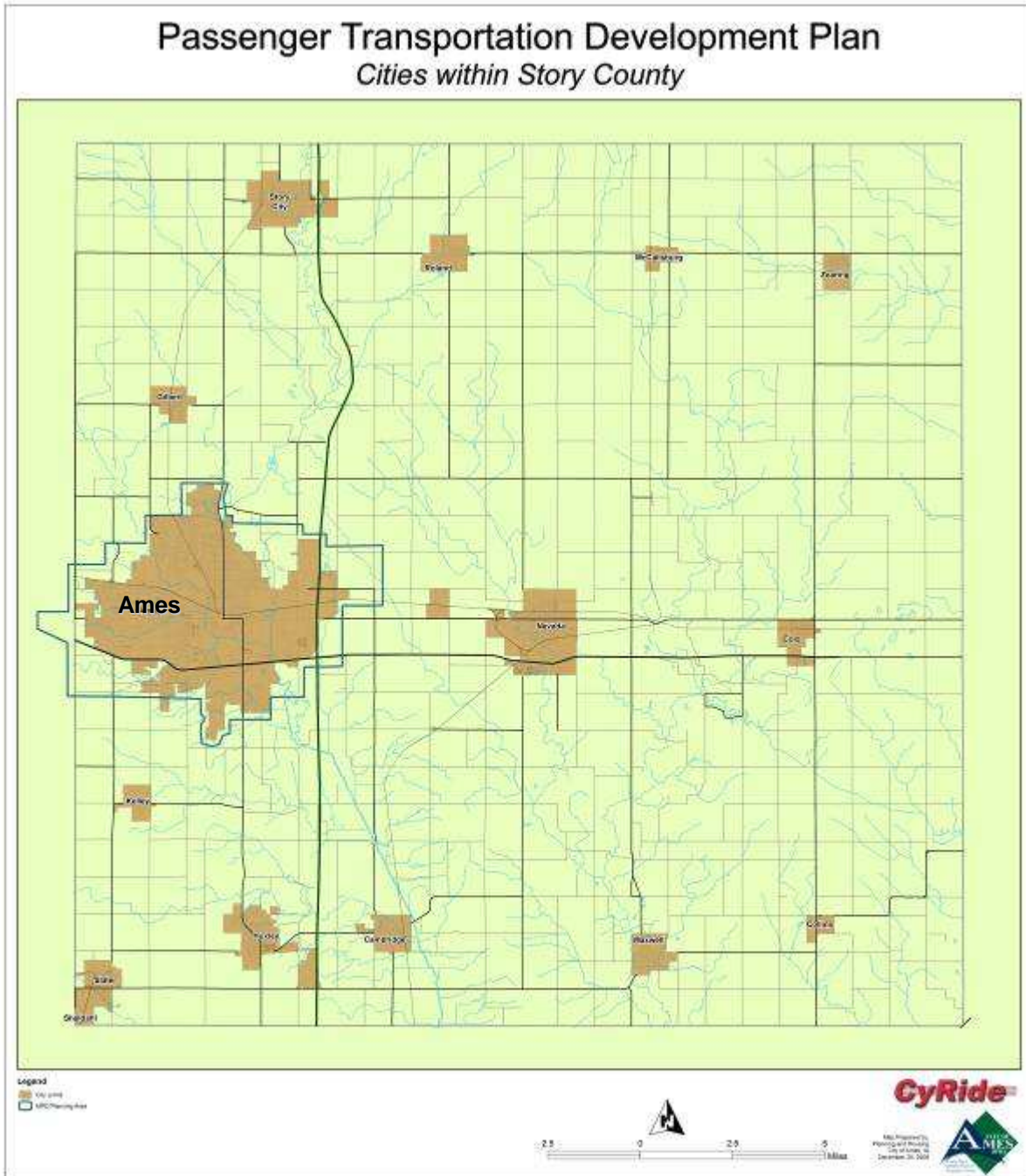
The following service map identifies services operated by CyRide during the time period: Saturdays. Routes operated at this time include: Red, Green, Blue, Yellow and Brown. (Note that the brown route only operates the north half of the route between campus and North Grand Mall).



The following service map identifies services operated by CyRide during the time period: Sundays and Saturday nights. Routes operated at this time include: Red, Green, and Blue.



The following map illustrates the entire Story County area and City of Ames. Heartland Senior Services is responsible for public transit within Story County as well as contracted Dial-A-Ride (DAR) service (ADA Complimentary Service) for CyRide within the City of Ames. The DAR service area is $\frac{3}{4}$ mile either side of a CyRide fixed route. This $\frac{3}{4}$ mile boundary has also been expanded to include the entire City of Ames for DAR service.



Existing Coordination Efforts

CyRide coordinates with Central Iowa Transit, Heartland Senior Services and Midwest Coaches in providing transportation to the Ames community. CyRide has an excellent working relationship with each of these organizations. CyRide currently has contracts with CIT and Heartland Senior Service to provide public transportation services for the Ames community and works with Midwest coaches during large event movements. These efforts are described below.

Heartland Senior Services provides public transportation for Story County under contract through Heart of Iowa Regional Transit Authority as well as coordinating with CyRide to provide their ADA complimentary service. In this manner, one transportation provider offers all service within the county with multiple contracts thereby maximizing coordination.

CIT, a private transportation provider, has a proven track record of working with public transportation providers. CIT currently contracts with CyRide to provide “extra service for high capacity corridor services and for Wilkinson apartments. CIT provides the Ames Community School District transportation for students in the Ames area as well as activity transportation for the Des Moines School District. CIT also provides event transportation for Iowa State University. Finally, CIT leases vehicles to the YMCA of Greater Des Moines for their use. Most recently CIT agreed to begin the Airport service that CyRide provides to take individuals to the Des Moines International Airport during ISU breaks. Luggage is now stowed underneath within a coach bus instead of riding with the passengers allowing greater capacity within the vehicle and increased safety not having the luggage mixed among passengers. CyRide believes this to be beneficial for everyone involved, but especially adds to passenger comfort.

In addition, CyRide coordinates University and other Ames resident transportation under a 28E Agreement between the City of Ames, Iowa State University, and Government of the Student Body. Finally, the Passenger Transportation Development Plan efforts have added a layer of coordination with the Ames’ human service agencies. It is believed that this partnership will grow over the next few years with the incorporation of this planning effort.

Conditions of Service Area

The Ames community is perhaps most defined by Iowa State University’s central campus in the center of the community. A radial type service has been developed as a majority of transit services pass through the ISU campus. The City of Ames is approximately 4 miles wide with CyRide routes covering approximately 75% of the developed areas throughout the community during the weekday. Including weekend and evening service, CyRide provides service within ¼ mile of a fixed route to approximately 56% of Ames. This ¼ mile classification equates to about 4 blocks and represents the walking distance most individuals would be willing to travel to use public transportation.

Service fluctuates each semester due to housing occupancy and class times for Iowa State University students. This fluctuation often cannot be anticipated. CyRide staff will quickly identify these high ridership areas on the first few days of class and determines where more service is needed to fill this demand. Then throughout the semester, CyRide staff monitors inbound trips and will place additional buses into service to avoid overcrowding. If these high loads become regular occurrences throughout the semester, this may warrant a permanent increase in the service requiring the CyRide board to approve additional service frequencies.

Due to students overwhelming participation in the system, service frequencies are less frequent in the summer months and breaks to adjust to this lower demand.

Demographics for Ames, Iowa

The following demographic information is reported from the US Census Bureau's 2000 website in regards to information on the City of Ames' low-income, elderly and disabled populations. In addition Ames' population below poverty was graphically illustrated on page 20 and throughout the document with CyRide's routes overlain.

Ames, Iowa: Elderly Population	Number	Percent
Total Population	50,731.0	
Under 5 years of Age	2,237.0	4.4%
Over 18 Years of Age	43,320.0	85.4%
Over 60 Years of Age	5,089.0	10.0%
Over 65 Years of Age	3,893.0	7.7%
Median Age	23.6	

Source:

http://factfinder.census.gov/servlet/SAFFacts?_event=&geo_id=16000US1901855&_geoContext=01000US%7C04000US19%7C16000US1901855&_street=&_county=ames&_cityTown=ames&_state=&_zip=&_lang=en&_sse=on&ActiveGeoDiv=&_useEV=&pctxt=fph&pgs=160&_submenuId=factsheet_1&_ds_name=null&_ci_nbr=null&_qr_name=null&_reg=null%3Anull&_keyword=&_industry=

Ames, Iowa: Disabled Population	Number	Years				Percent
		5-15	16-20	21-64	65+	
Total Population	50,731.0					
Population over 5 years	48,494.0					
Disability status (over 5 yrs.)	4,001.0					8.3%
<u>One Type of Disability</u>	2,418.0	216	357	1243	602	5.0%
Sensory disability		13	61	232	159	
Physical Disability		10	31	206	349	
Mental Disability		193	165	229	40	
Self-care Disability		0	0	22	9	
Go-outside Home disability		0	17	56	45	
Employment Disability		0	83	498	0	
<u>Two Types or more of Disability</u>	1,583.0	0	167	880	536	3.3%
Includes self-care disability		0	34	193	154	
Does not include self-care disability		0	133	687	382	

Source: http://factfinder.census.gov/servlet/DTable?_bm=y&-geo_id=16000US1901855&-ds_name=DEC_2000_SF3_U&-redoLog=false&-mt_name=DEC_2000_SF3_U_PCT026

Ames, Iowa: Poverty Status in 1999 of Individuals: 2000	All income levels	Below Poverty Level	Percent below poverty level
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All individuals for whom poverty status is determined	41,776	8,507	20.4%
Unrelated individuals for whom poverty status is determined	16,260	6,652	40.9%

Source: http://factfinder.census.gov/servlet/QTable?_bm=y&-qr_name=DEC_2000_SF3_U_QTP34&-geo_id=16000US1901855&-ds_name=DEC_2000_SF3_U&-redoLog=false

Evaluation of Needs for Services & Equipment

A. Review of Last Year's Efforts

In FY2006, CyRide coordinated Paratransit Dial-A-Ride (DAR) service with Heartland Senior Services. This partnership has proven to be very successful. Heartland started operating Dial-A-Ride, CyRide's DAR service, in October 2003 and completed the 100% transition in April 2004. A recent modification occurred in 2005 when Heartland transferred DAR customers to their Medicare supplement funding to achieve 100% payment of trips that qualified for this funding. CyRide is now funding the remaining customers through 5310 and local funding.

CyRide was also granted New Freedom funding for FY2006 that it will apply to FY2007's budget. This request partially funded a 40' HD bus to accelerate CyRide's accessible bus purchases and achieve full accessibility for the fleet more quickly. The remaining request was for operating assistance to enhance service to persons that use mobility aids.

No previous requests for Job Access and Reverse Commute (JARC) funding have been requested by CyRide or the City of Ames.

B. Public Input

CyRide received public input from twenty-two human service providers and four transportation providers through a Passenger Transportation Passenger Survey in December 2006. Transportation providers were described above within the existing transportation operators section of this document. The human services agency survey discussed each agencies needs and desires for transportation within the Ames area and Story County. These survey results are summarized below with highlighted information indicating higher concentrations of agency types.

- Of the 22 human service agencies that responded to the survey, 15 were private non-profit agencies; 3 were public; 3 were private, for-profit and 1 was a city-owned non-profit agency.
- The responding agencies represented a broad range of services, including:
 - Adult Day Care (1 agency)
 - Child Day Care (1 agency)
 - Congregate Nutrition (1 agency)
 - Counseling (2 agencies)
 - Education/Training (5 agencies)
 - Head Start (1 agency)
 - Home Delivered Meals (3 agencies)
 - Job Placement (1 agencies)
 - Medicaid (5 agencies)
 - Medical/Dental Services (4 agency)
 - Mental Health (7 agencies)
 - Recreational/Social (3 agencies)
 - Rehabilitation (6 agencies)
 - Residential Care (4 agencies)
 - Senior Care (5 agencies)
 - Sheltered Employment (1 agency)
 - Supported Employment (2 agencies)
 - Transportation (5 agencies)
 - Volunteer Opportunities (7 agencies)
 - Welfare/Food stamps (2 agencies)

- Adult Probation (1 agency)
- Dispute Resolution (1 agency)
- Disaster Assistance Response (1 agency)
- Affordable Housing (2 agencies)
- Crisis Care (1 agency)
- Prevention (1 agency)
- Foster Care (1 agency)
- Adoption (1 agency)
- Emergency Assistance: Rent, Utilities, Food (2 agencies)
- Life Skills (1 agency)
- SNF Medicare (1 agency)
- Veteran Benefits (1 agency)
- Family Development Services (1 agency)
- Day Services for Developmentally Disable Adults (1 agency)
- 9 agencies had income requirements, 7 had disability requirements, 9 had age requirements and 6 had none of these requirements
- When asked what percentage of their clients were unable to drive themselves to participate in their programs:
 - 6 agencies answered between 75-100%
 - 3 agencies answered between 25-50%
 - 8 agencies answered less than 25%
 - 3 agencies were unsure
- When asked how their clients get to their agency:
 - 14 agencies answered transportation is generally available for their clients' access.
 - 16 agencies answered that clients drive themselves
 - 16 agencies answered that clients ride with friends or family
 - 5 agencies answered by agency provided transportation (All agencies were followed up through e-mail and via phone for their fleet information but only Heartland Senior Services provided this information.)
 - 7 agencies answered by volunteers
 - 5 agencies answered by staff in non-agency vehicles
 - 2 agencies answered by taxi
 - 7 agencies answered by carpool
 - 12 agencies answered by public transportation
 - 5 agencies answered by a group home's transportation
 - 11 agencies answered that another agency provided transportation
 - 2 agencies answered by walking
- When asked their hours of operation:
 - 12 agencies operate from 8:00 am to 4:30/5:00 pm, Monday through Friday
 - 8 agencies operated 24/7
 - 3 agency operates various limited hours
- When asked what they perceived the transportation barriers prevention people from accessing their services:
 - 10 agencies responded that transportation services are not available in their clients area
 - 8 agencies responded that transportation service is too expensive
 - 3 agencies responded that transportation services do not operate at the necessary hours to serve their clients
 - 7 agencies responded that transportation providers do not serve the areas their human agency is located

- 0 agencies responded that transportation providers only want to serve their own clients
 - 2 agencies responded that transportation service was too student focused
- As indicated earlier, only 5 human service agencies identified themselves as providing transportation services with a fleet they own and operate. Only Heartland Senior Services responded to a request for transportation provider information and attended the January coordination meeting. These transportation provider human service agencies are listed again below.
 1. Youth & Shelter Services, Inc. (YSS)
 2. Friendship Ark Homes
 3. Lutheran Services in Iowa
 4. Story County Community Life Program
 5. Heartland Senior Services

In addition, CyRide holds public input meetings for federal and state grant funding applications. Typically, these meetings are not well attended. CyRide does; however, receive public comment from passengers via telephone or e-mail. CyRide's policy is to address any customer comment within 24 hours of receiving the comment and to resolve the issue as soon as possible. Comments from the public within the past year were generally related to the following issues:

- Early/late bus at time point
- Not stopping directly at bus stop sign
- Smoking complaint
- Aggressive driver
- Bus not showing
- Transfer difficulties
- Request for extension of service hours on Brown South route
- Request for service on Brown North route
- Request for additional service on Yellow route

CyRide has modified its transit policies/procedures based upon public comments and industry practice. For instance, CyRide recently instituted a new procedure for their DAR passengers to assist customers in modifying trips during times when Heartland's office is not open. Since CyRide's dispatch office is available most hours and days of the week, after Heartland's office closes, its drivers can call CyRide to obtain assistance regarding scheduled trips. Passengers also have been provided with CyRide's Dispatch number to call after hours if they have a problem with their trip. In this manner, CyRide's Dispatch office has become the "trouble-shooting" component ensuring that every customer is provided service when its needed even during the evenings and weekends when the office is not open. CyRide's Dispatchers have also provided trips at times when Heartland has been unable to provide the trip due to customer changes or miscommunication.

C. Service Needs

This section of the document will discuss the needs identified by transportation providers and human service agencies participating in the Passenger Transportation Development Plan effort. It identifies service as well as capital needs, but will not include 100% of the needs due to non-participation by some organizations.

This list will show the large demand for service/capital by the participants. Not all the needs/objectives/projects developed as a result of this PTDP will be able to be funded due to limited federal and local funding. It is also important to note, that while projects are identified within this plan as needs and objectives, the projects will need to be approved by the transportation provider and City of

Ames to be placed within a grant application to the Federal Transit Administration, Iowa Department of Transportation or other agency before services or capital purchases can be realized.

CyRide Service Needs - CyRide services were previously described in this document and are illustrated beginning on page 7. The following service improvements to this system have been identified by CyRide staff as immediate needs to enhance transit within the Ames community.

- **Midday South Duff** – The Southeast area of Ames, in the general vicinity of Kate Mitchell School, has been requesting service during the midday. Current service in this area includes service on the Yellow Route during the peak hours and one-midday trip. By modifying the #4 Grey route to operate every 60 minutes during the midday, alternating between the current route and this Southeast area to Crystal Street, previous service levels would be restored to this area.
- **Brown Route – Summer Weekday Extra** – In the summer of 2006, weekday trips during peak times were overcrowded causing numerous requests for additional service on the Brown route from campus to the mall. Existing service operates at 40 minute frequencies on this half of the route. CyRide recommends improving the service frequency to 20 minutes during busy times to relieve this demand. JARC funding could possibly fund this service as it provides work trips to/from the mall and Iowa State University.
- **Brown Route – Weekday Nights** – The Somerset area along Stange Road has grown dramatically along with the demand for bus service to/from this area. Longer operating hours during the weekdays between campus and the mall would better service this area. Anticipated frequencies would be 40 minutes until 9:00 pm.
- **Blue South** – Additional demand for service has been requested on the Blue route during the times described below. This demand has also been evidenced by CyRide with crowded buses on this route.
 - **Friday evening service:** Current service frequencies are at 40 minute intervals. Proposed service frequencies would increase to 20 minutes each Friday evening. This increase would occur from 7:15 pm to 9:45 pm.
 - **Saturday evening service:** Current service on the blue route operates at 40 minute intervals. Proposed service would increase frequency to 20 minutes along this route.
 - **Sunday service:** Current service on the blue route is at 40 minute intervals. Proposed service would increase its frequency to 20 minutes from noon through 10:00 pm.
- **Red West** – Additional demand for service has been requested on the Red route during the following times. This demand has also been evidenced by CyRide through higher load capacities on this route.
 - **Friday evening:** Improve service frequency from 40 minutes to 20 minutes between 7:30 pm and 10:30 pm
 - **Sunday:** Improve service frequency from 40 minutes to 20 minutes between the hours of 12:15 pm and 10:00 pm.
- **Subcontracted Services for ADA Complimentary Service** - CyRide currently subcontracts its required ADA Complimentary Service to Heartland Senior Services who also operates service within Story County. Heartland provides door to door service within $\frac{3}{4}$ mile of any Ames fixed-route service and also to anywhere within the city limits of Ames. This is a continued need for the Ames residents to allow those that are ADA eligible to travel where needed.

Heartland Senior Center Service Needs

- Transportation to rural meal sites for meals and activities
- Transportation for individuals needing to access Adult Day Service from out of Story County
- Out of service hours transportation for agency special events (such as Variety show)

Human Services Service Requests

- CyRide does not run to all of Friendship Ark homes
- Need service route out to Dayton Road Area
- There is not bus service to the major factory section of town which is a great hardship
- Operate routes more often in the evening/weekends
- Lower cost for consumers
- Emergency services (less than 24 hours) with higher cost (2)
- People from Ames have a hard time accessing health care as they are directed to Nevada Medical Clinic.
- Transportation to/from grocery stores
- Transportation to/from employment or employment opportunities
- Transportation to/from school events (public school events – access by parents & siblings)
- HIV patients needing transportation to doctor in Des Moines or Iowa City
- No resources are available for non-Medicaid individuals.
- Bus does not wait at daycare
- Clients get work outside of transportation areas & at times transportation doesn't run
- Outside of Ames service is sometimes a scheduling challenge
- More transportation to the Des Moines VA Hospital
- Transportation not always available to workplaces
- Would like CyRide route to be added that serves MELC (Mainstream Living – E. 13th & McCormick) area
- For consumers in the rural areas it is expensive to access transportation to get to appointments in Ames
- Can discount prices be given to low-income families on CyRide?

Gap Analysis of CyRide Routes

Gap Analysis Methodology

The following Gap Analysis illustrates graphically the areas of Ames where transportation providers do not provide transportation. This analysis is subdivided into periods of the day or days of the week to recognize varying transit service levels during less frequency usage. The subdivisions used in this analysis are as follows:

- Weekday Service (6:00 am to 6:00 pm)
- Weekday Night Service (6:00 pm to 12:30 am)
- Saturday Daytime Service (6:00 am to 6:00 pm)
- Saturday Evening and Sunday Service (Sat. 6:00 am to 10:00 pm and all day Sunday)

Service routes during different levels of service were compared to areas where residents work, live and travel within Ames. Any commercial, industrial or residential area outside ¼ mile of a transit route was considered not to be served by transit and therefore a service gap.

For this study, land use and demographic data were used to determine where individuals needed to travel to and from throughout the city. Specifically, it was determined that commercial and industrially-zoned areas illustrated locations where residents work. Residential rental units not only communicate where high density living occurs but also where transit dependent individuals may reside. It was determined that transit providers should be providing transportation to the majority of these commercial, industrial and residential areas. In addition, low-income residential areas were identified according to the 2000 Census

for Ames giving special attention to the low-income population. Finally, landmarks identifying elderly residences, assisted living facilities, hospitals and popular destinations were identified. This was done so that areas such as ISU campus not identified as a commercial or industrial area was included in the study. Elderly residences and human service agencies were also documented in this same manner.

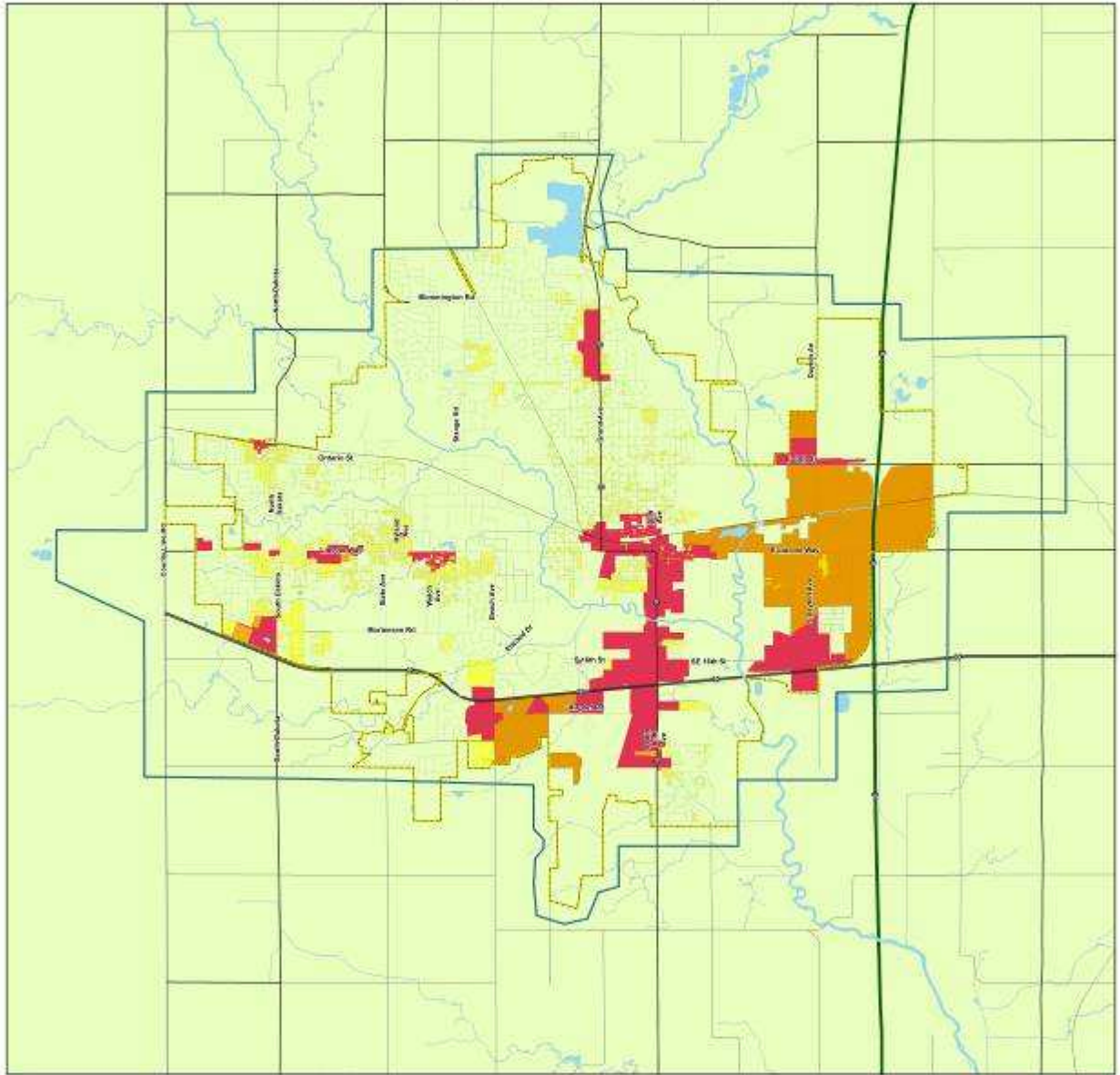
CyRide's routes were then plotted over two layers of the above-described data including:

- zoning of residential rental units, commercial and industrial classifications and
- low-income block groups.

By plotting these demographic groups, it provides the following two graphic illustrations of areas of town that may be in need of more transportation services.

Passenger Transportation Development Plan

Rental Properties and Zoning District



Legend

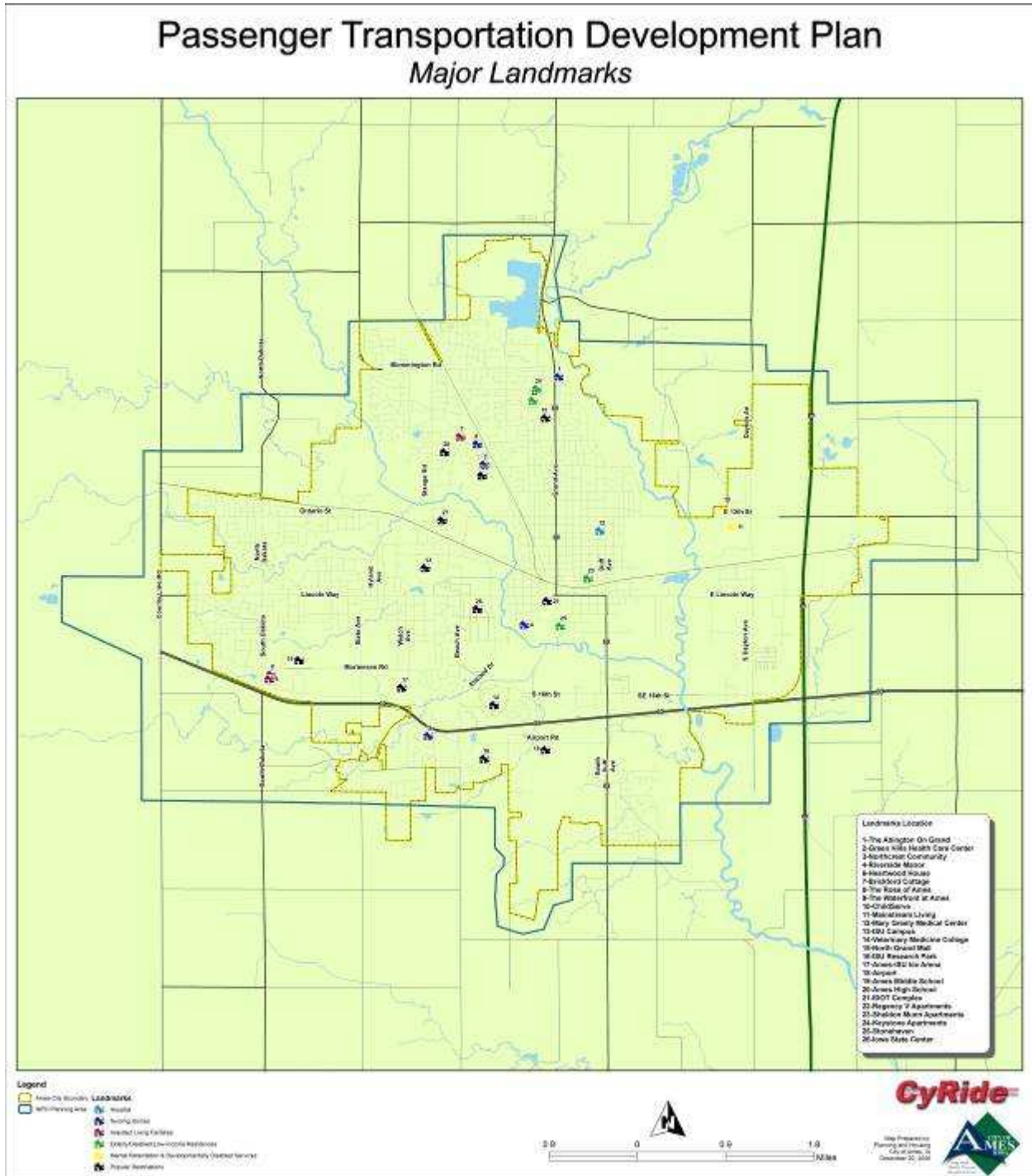
Ames City Boundary	Zoning District
RFD Planning Area	Commercial Zone
Rental Properties	Industrial Zone



CyRide

Map Prepared by
Planning and Research
City of Ames, IA
December 20, 2008

In addition to demographic data, potential destinations that individuals would like to access were plotted as illustrated below. These destinations include: hospitals, nursing homes, assisted living facilities, elderly/disabled/low-income residences and popular destinations. This was not intended to be a complete list of landmarks, but to provide a general sense of where main locations are located within the community.



As CyRide routes have different service levels depending on the time of day and day of the week, gap analysis maps were created for four different levels of service as described earlier within the “Existing Transportation Operations” section. Those times are:

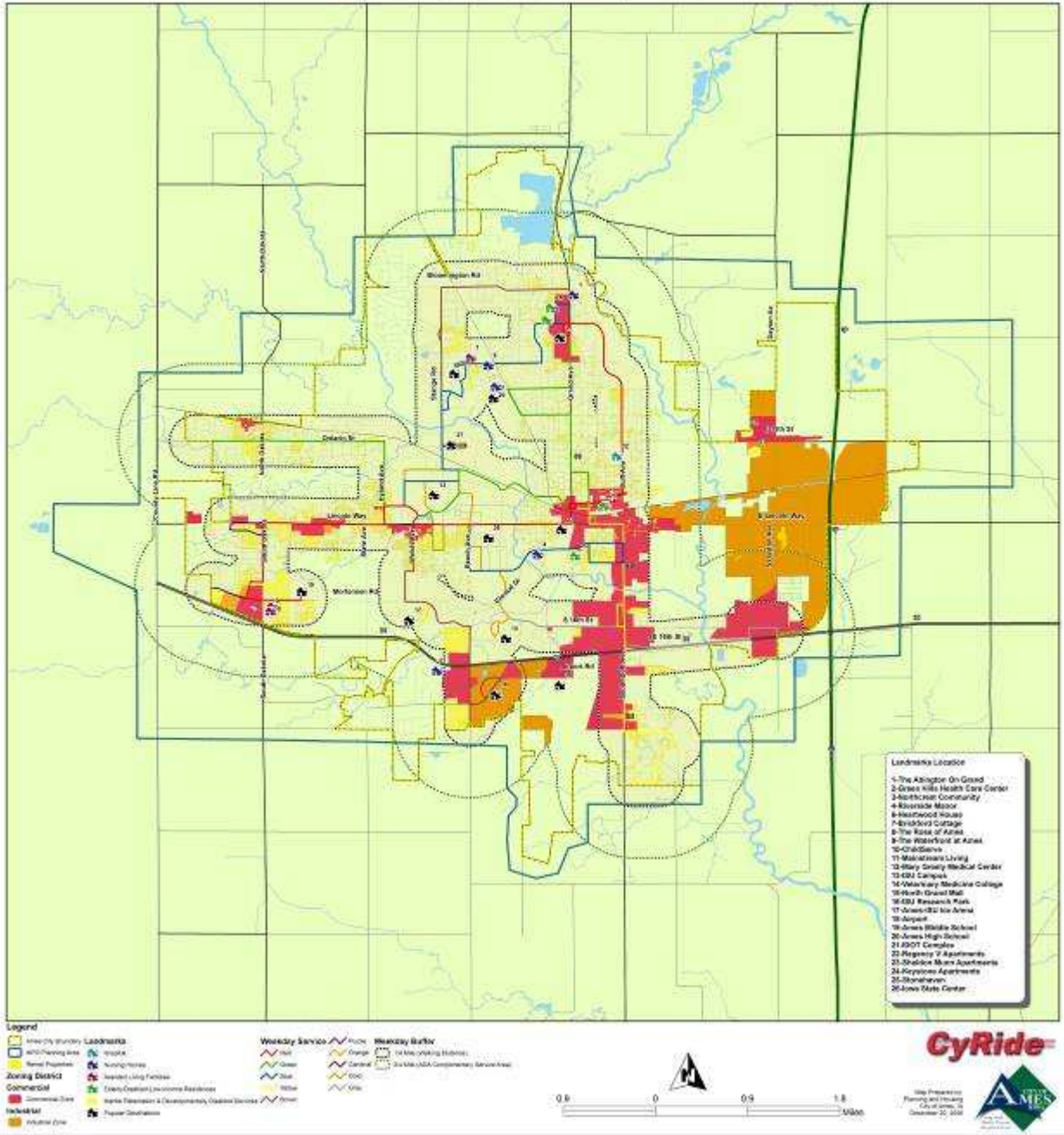
- Weekday
- Weekday Night
- Saturday
- Sunday/Saturday Night

A ¼ mile buffer was then placed around CyRide routes to show the coverage area served. Typically, a person will walk 3-4 blocks to a bus stop to catch a bus; therefore, the buffered area illustrates the walking distance and route service coverage. This boundary realistically represents the population that CyRide serves within the Ames area as many people will not walk more than four blocks to public transportation.

Another ¾ mile buffer area was added to illustrate fixed-route services which are required for Heartland Senior Services to operate according to ADA guidelines. As was indicated the survey responses and meeting discussion, service gaps for the door-to-door service within Ames, which meets ADA requirements, is not a barrier to mobility. Comments regarding door-to-door type transportation needs reflected the need to travel into Ames from outlying areas or travel in the opposite direction (Ames to outlying areas).

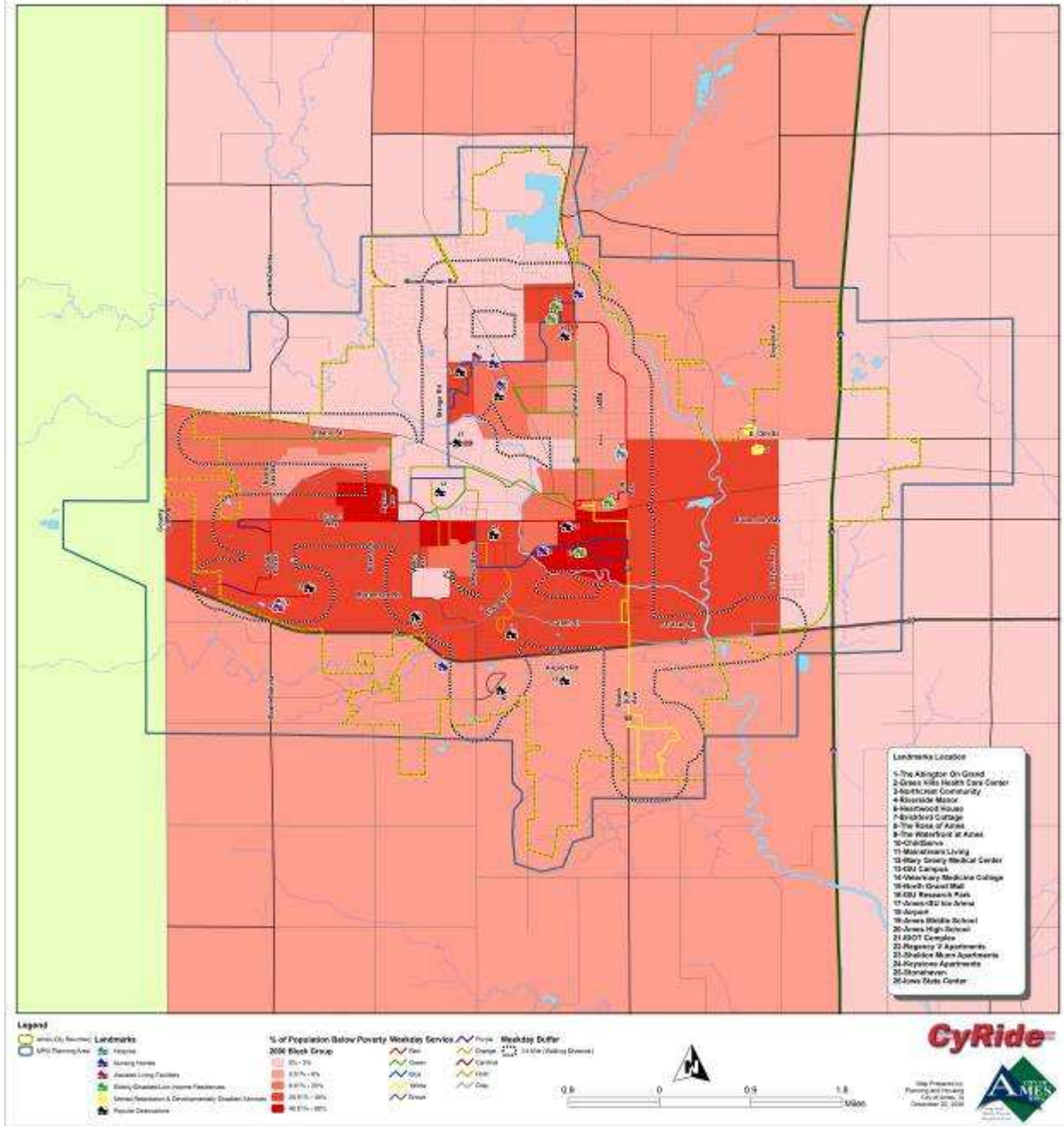
Passenger Transportation Development Plan

Gap Analysis: Weekday Service



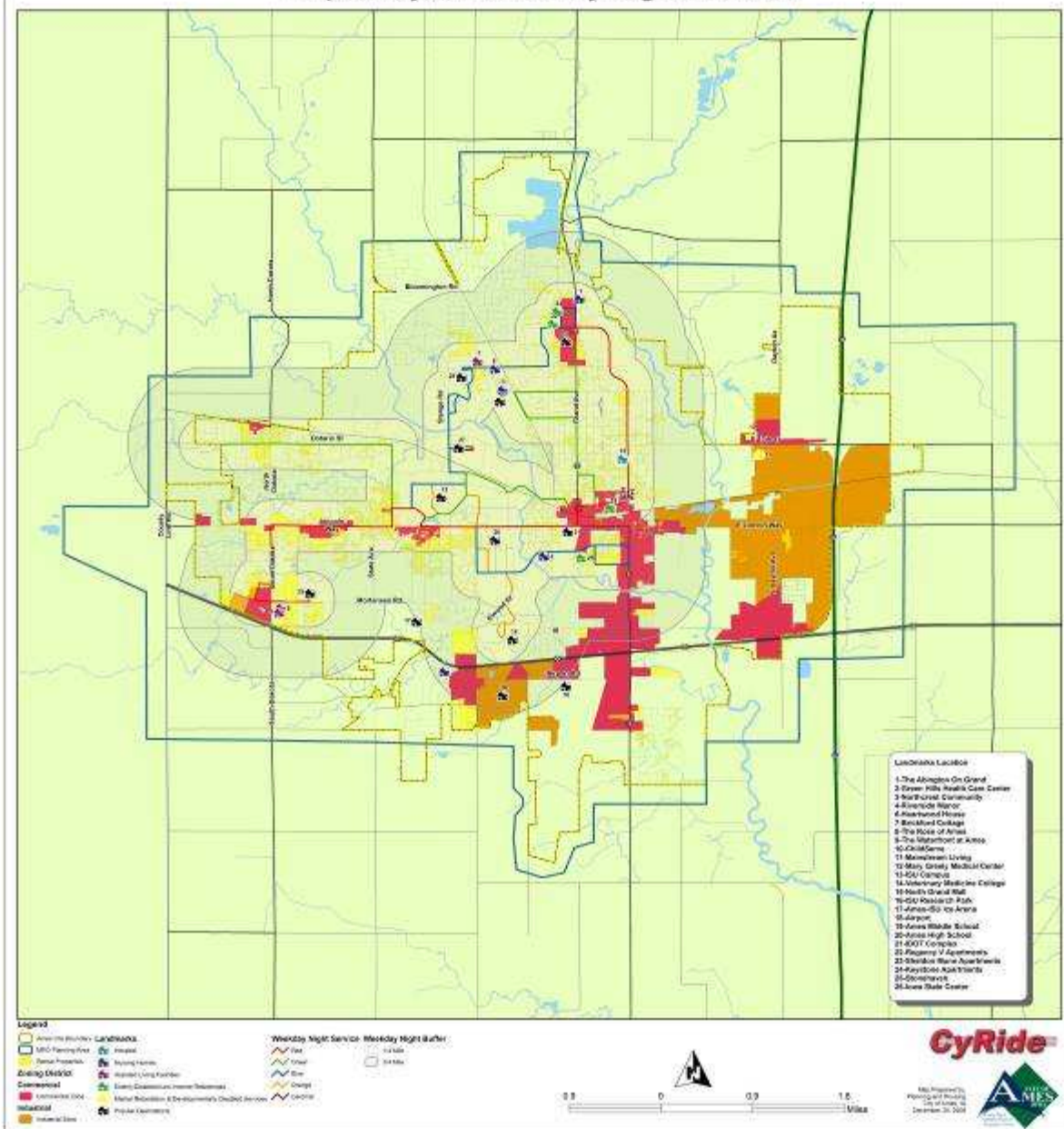
Passenger Transportation Development Plan

Percentage of Population Below Poverty Level: Weekday Service



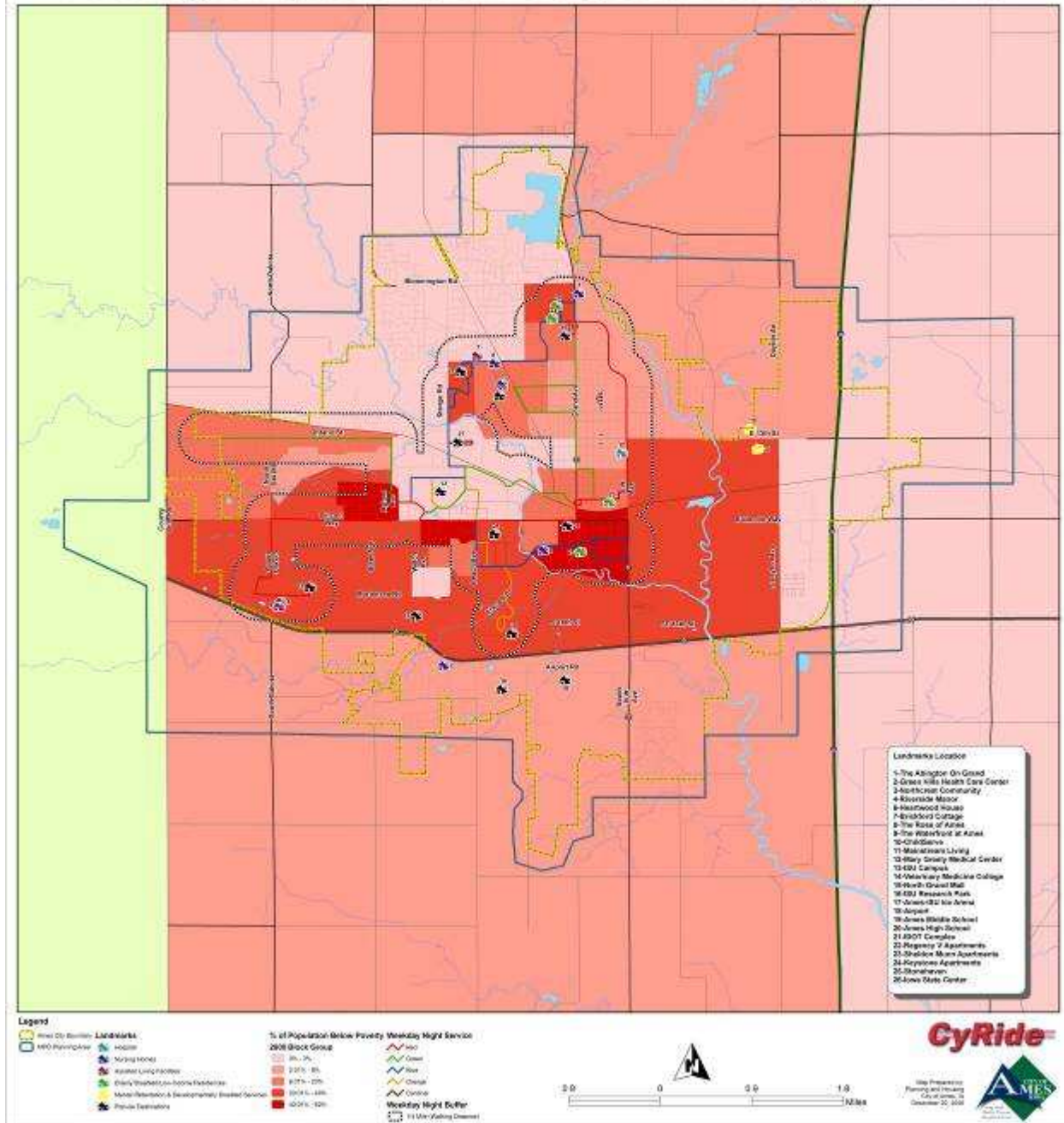
Passenger Transportation Development Plan

Gap Analysis: Weekday Night Service



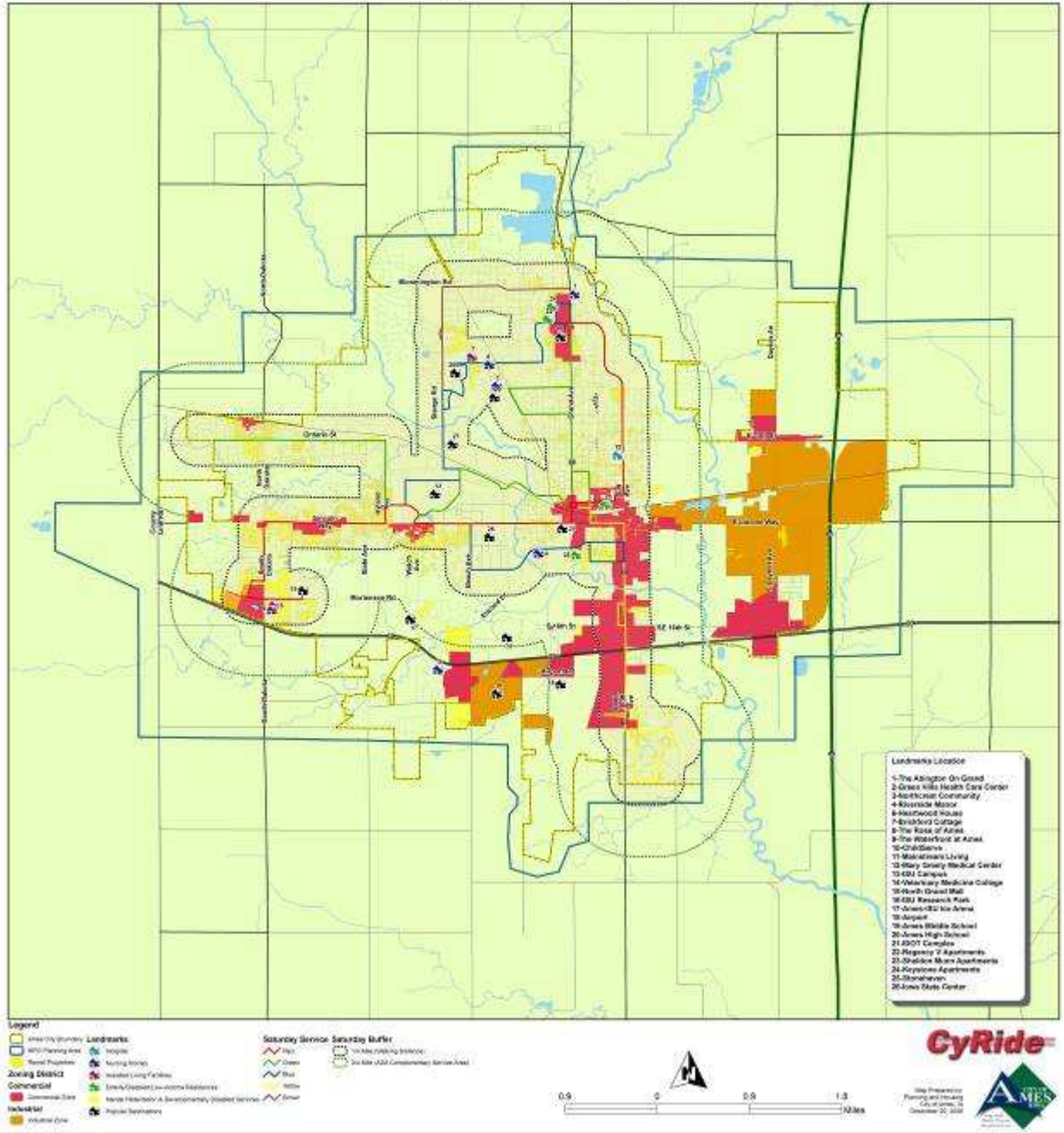
Passenger Transportation Development Plan

Percentage of Population Below Poverty Level: Weekday Night Service



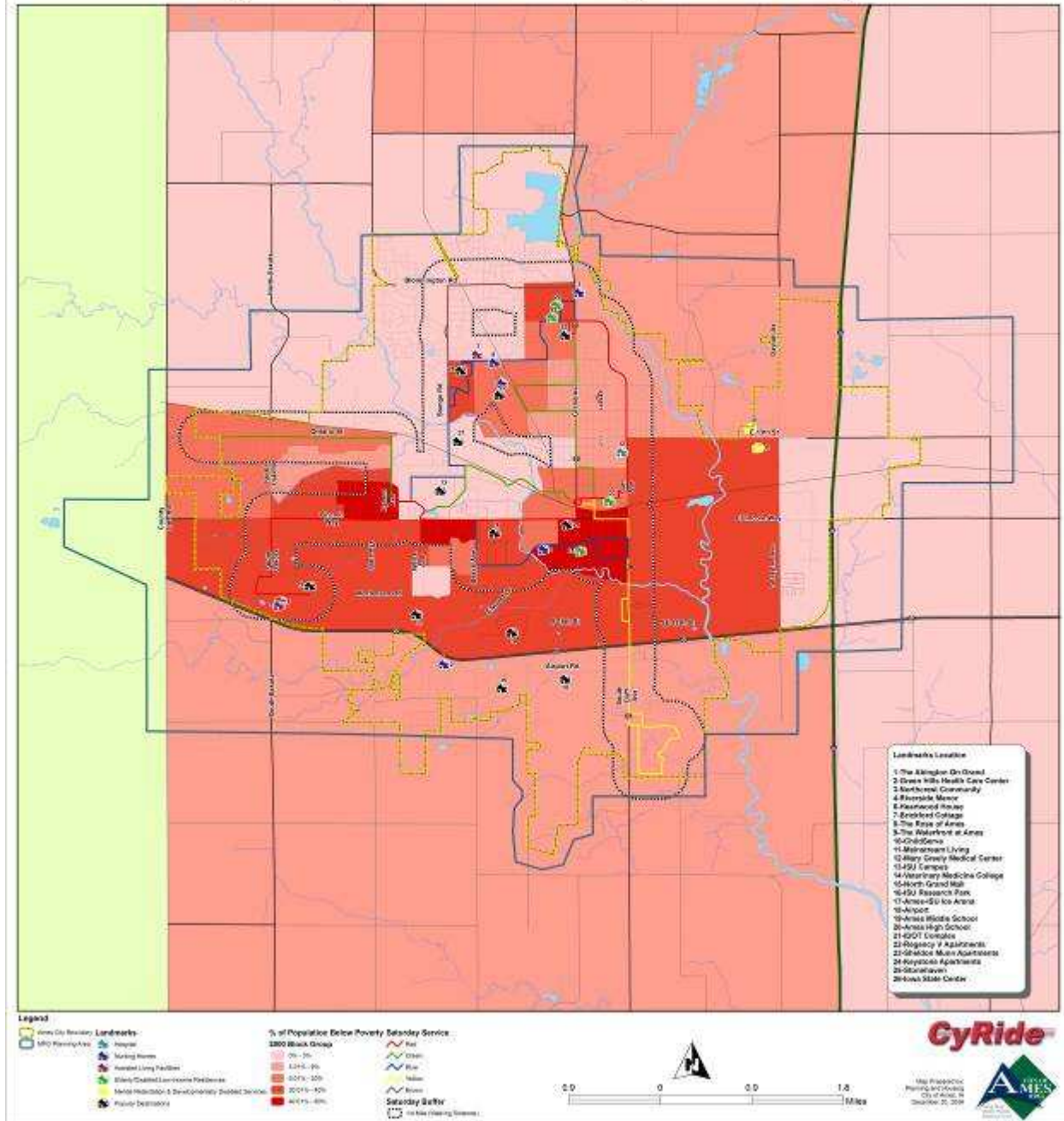
Passenger Transportation Development Plan

Gap Analysis: Saturday Service



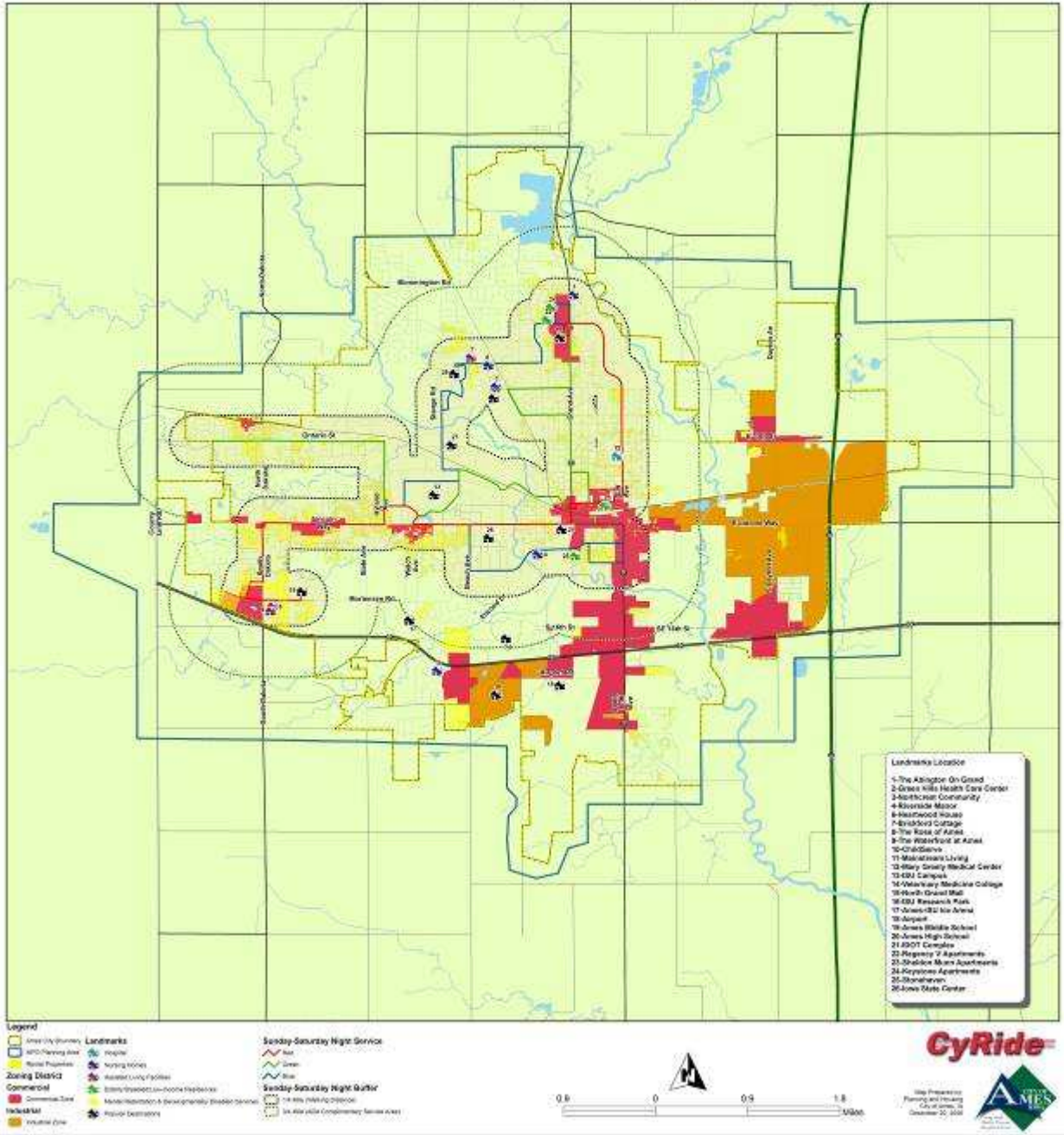
Passenger Transportation Development Plan

Percentage of Population Below Poverty Level: Saturday Service



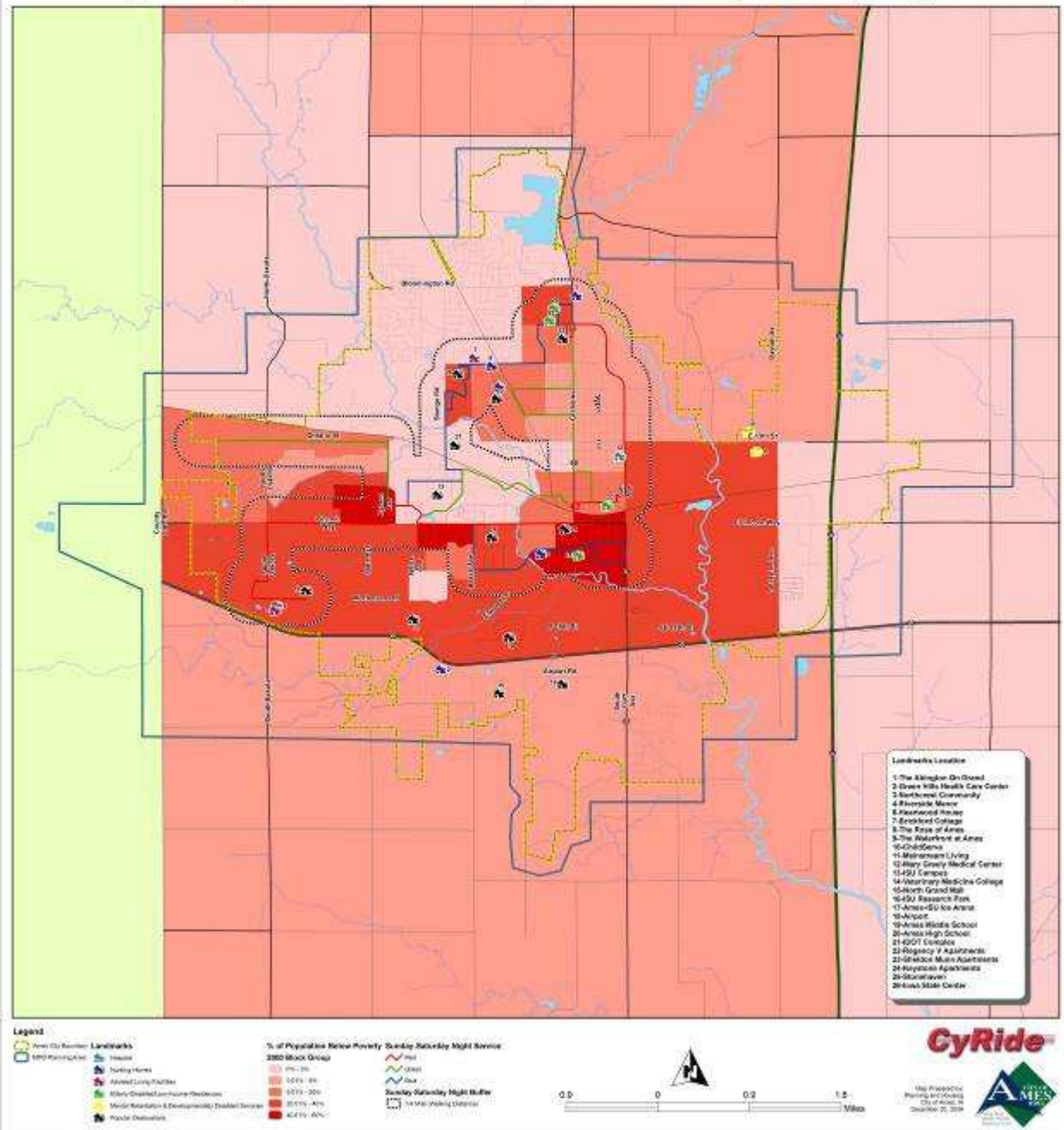
Passenger Transportation Development Plan

Gap Analysis: Sunday/Saturday Night Service



Passenger Transportation Development Plan

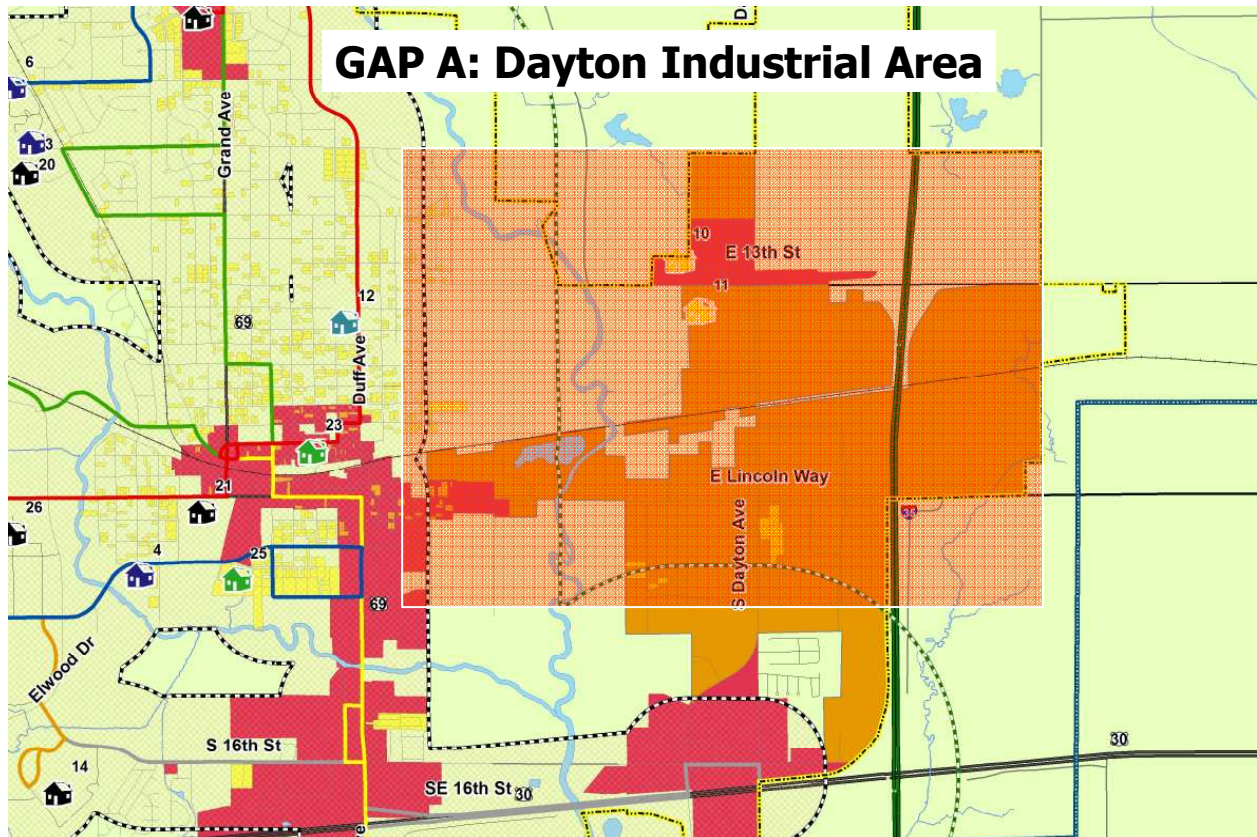
Percentage of Population Below Poverty Level: Sunday-Saturday Night Service



Gap Analysis Results

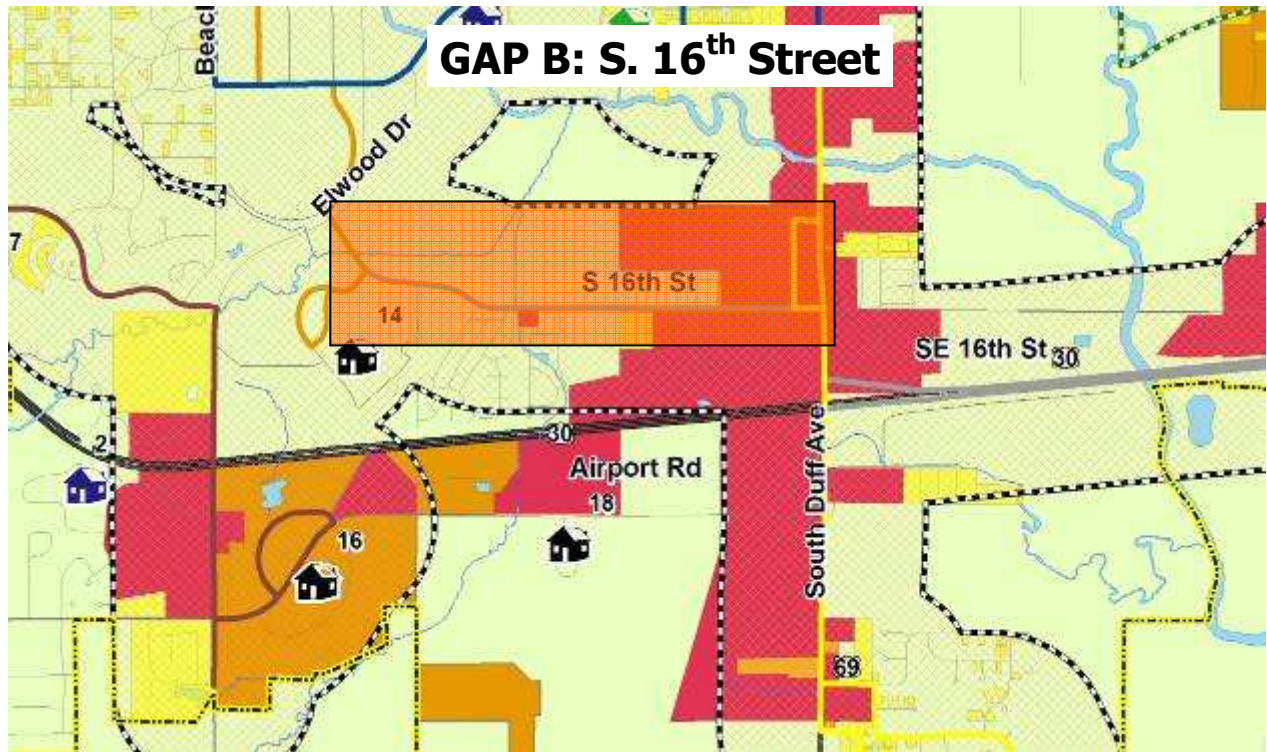
From the previously described maps, the human service/transportation group which met on January 11, 2007 reviewed the illustrations to determine where additional service could benefit residents of Ames. From this analysis, gaps were discovered within each time/day subdivision (Weekday, Weekday Night, Saturday, etc.). The following set of maps (GAP A – G) indicate, and the explanations detail, the Passenger TDP groups consensus on areas where additional services needed to be developed to meet current and future transportation needs within the community.

GAP A – Dayton Industrial Area: Bordered by 1600 block of Dayton to the north, SE 5th to the south, across the interstate to the new mall location to the east, and Duff to the west.



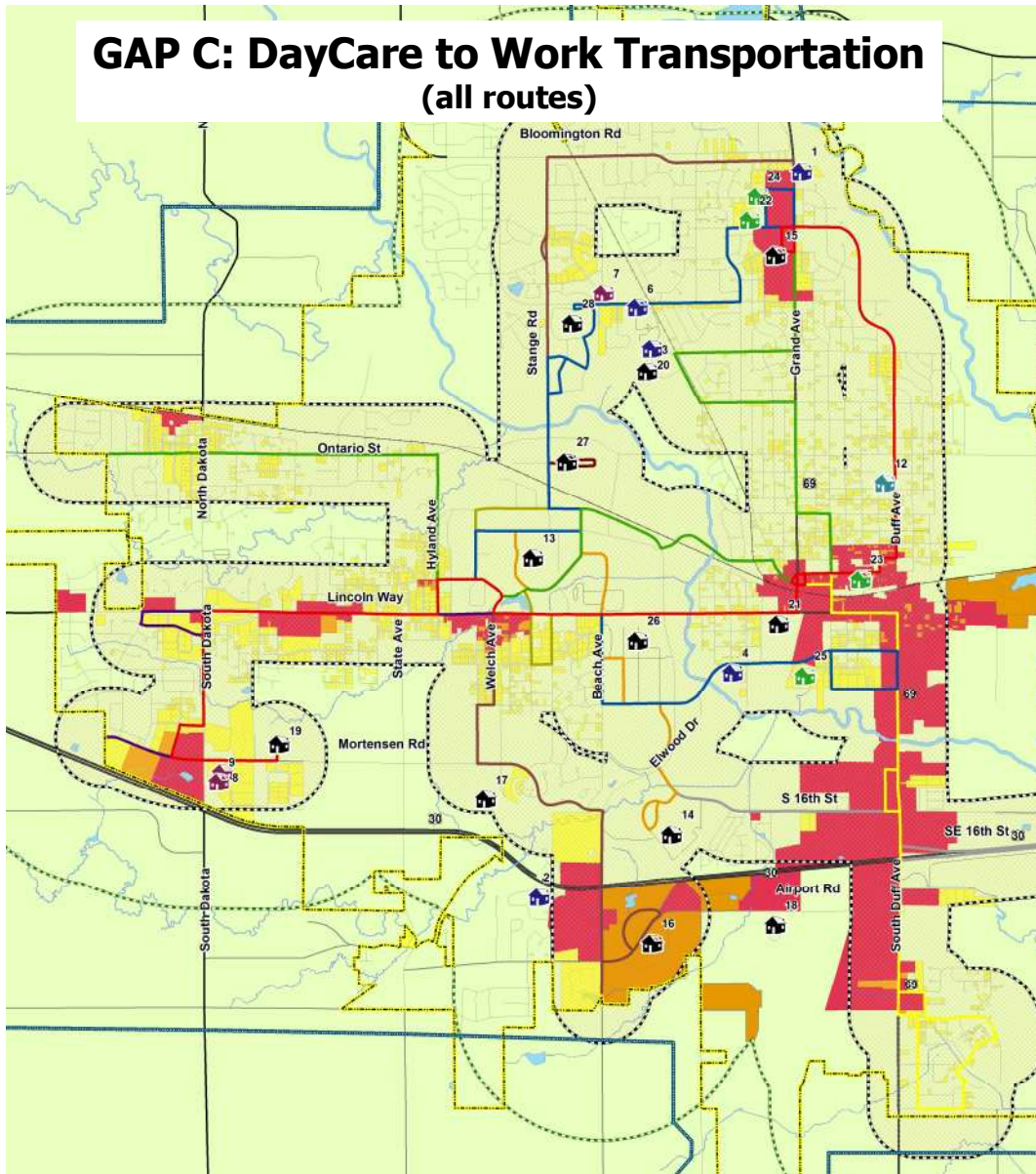
The Passenger TDP group and customer requests have identified Gap A, located in northeast Ames, as a significant gap in current transit services. This section of the community serves as the major commercial/industrial zone of the city with businesses such as 3M, Mainstream Living, Mary Greeley Dialysis and Sauer-Danfoss as well as a new proposed mall to be open in Fall '08/Spring '09. This area of town was unanimously chosen by the Passenger TDP group as a priority area for new services.

GAP B – S 16th Street: Bordered by Elwood Drive to the west and Duff to the East.



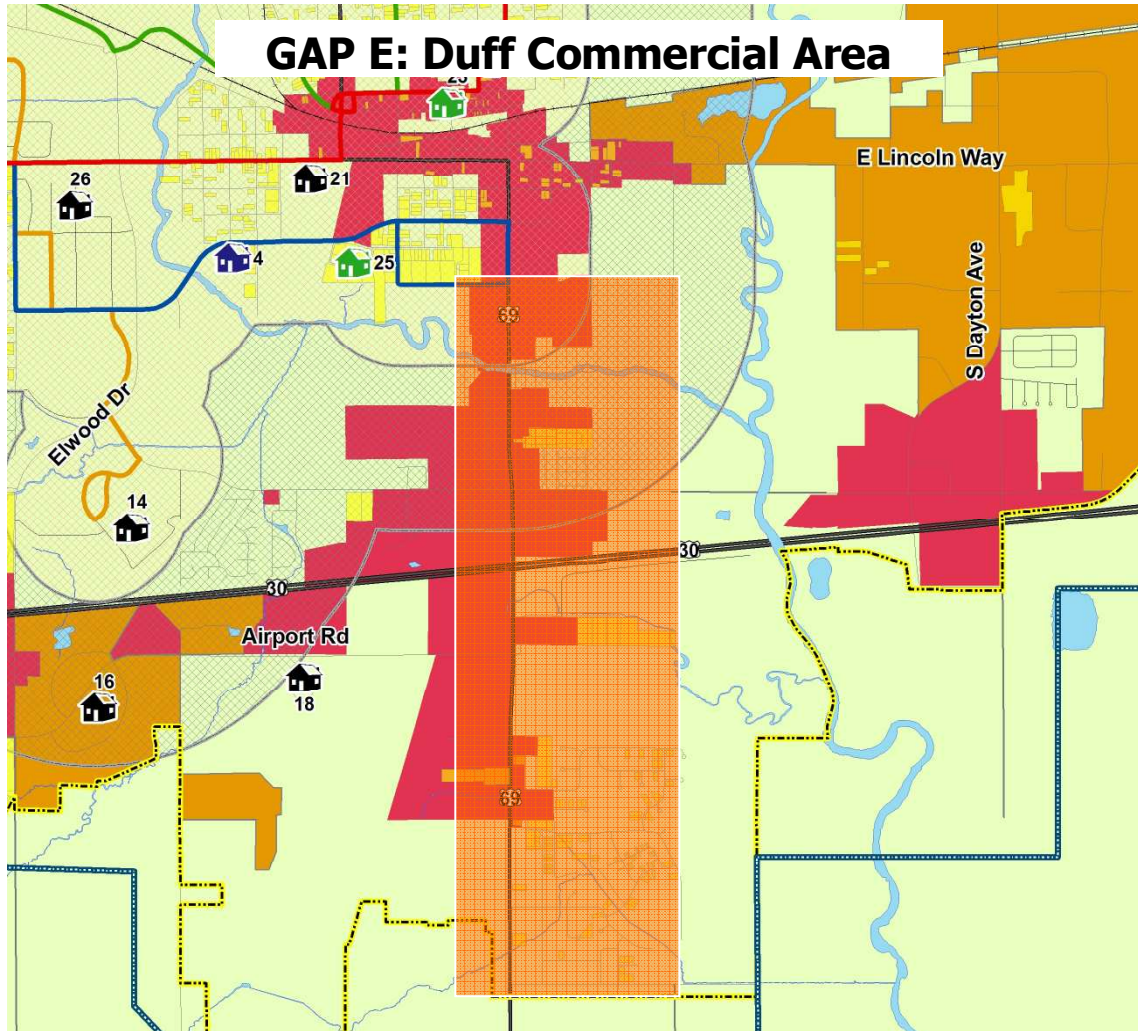
Gap B was also identified by the Passenger TDP group, which met in January, as an area where customers currently could not conveniently reach by public transportation. This area of Ames encompasses mixed land use with a major Iowa State University complex along the route as well as significant lower income residential developments, a school and commercial opportunities such as K-Mart, Staples, Best Buy, and Borders Books. The advisory group discussed the need for service to this area to improve the quality of life for Ames residents.

GAP C – DayCare to Work Transportation: More information is needed in doing a daycare analysis. Comments were that services did not operate early enough for parents to take the bus to work and still get their child to daycare.



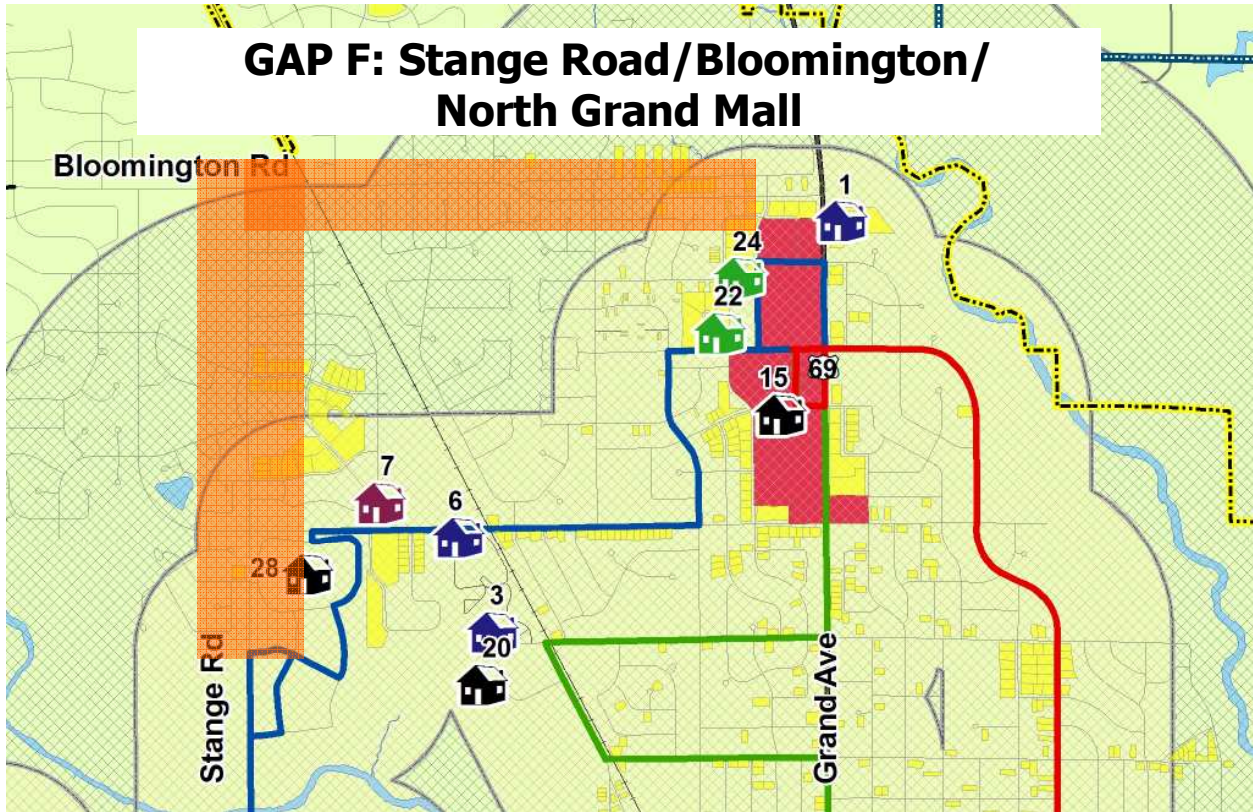
The Passenger TDP advisory group discussed the need to make multiple linked transit trips more convenient and more importantly to reduce the amount of time required from the beginning of their trip to the last destination of the trip. Specifically, the need to travel from a person's home to daycare, drop their children off at daycare, re-board a bus and travel to their final destination was discussed as a major hurdle to families. Due to the frequency of buses every 20-40 minutes, a trip of this type could take a parent 1½ hours to complete. In addition, the group indicated that the cost of a family to use public transportation was not within the reach of many families. Therefore, the group identified the need to develop new services or increase current bus frequencies to reduce the amount of time and improve the convenience of using public transportation to meet the needs of working families.

GAP E – Duff Commercial Area (yellow route)



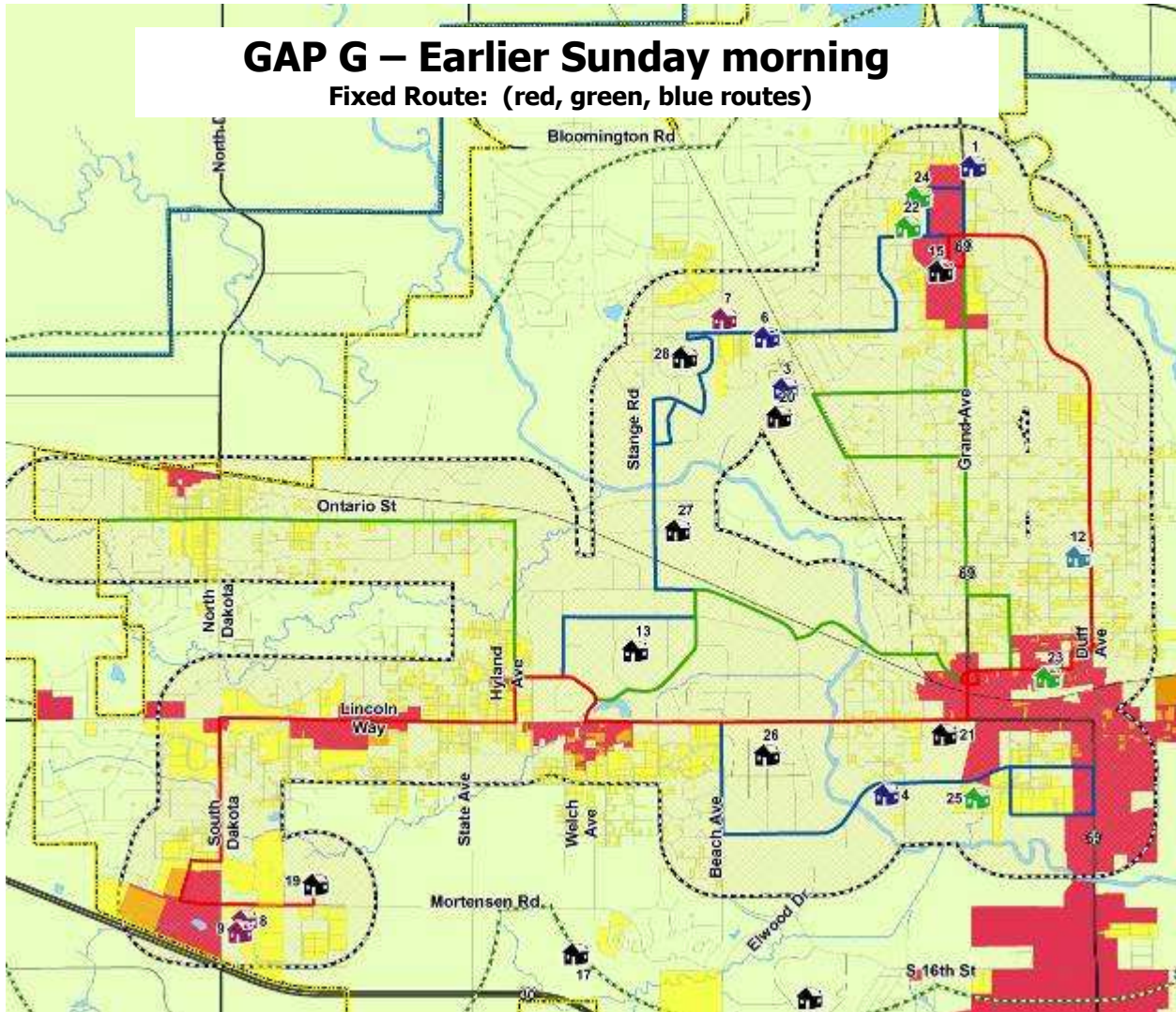
Gap E encompasses one of Ames major commercial districts along South Duff with numerous restaurants, retail outlets and other businesses as well as a large residential area on the southern most end of the identified gap area. Currently public transportation service in this corridor is infrequent with large gaps in service hours leaving residents without a viable option to travel throughout the community from this area. The Passenger TDP group expressed the need to improve transportation options in this area to provide transit options community-wide.

GAP F – Stange Road/Bloomington/North Grand Mall (brown route north)



The Stange Rd./ Bloomington corridors have large concentrations of residential and commercial development. In addition, this area of Ames has experienced significant growth. These corridors encompass major Iowa State University student housing with the Fredrickson Court and University Village complexes as well a new major development area with higher density development. The Bloomington Road corridor also houses major apartment complexes within the city. Currently, public transportation services do not operate at frequent service levels or at times of the day needed to accommodate needs along these major corridors.

GAP G – Earlier Sunday morning Fixed Route: (red, green, blue routes)



The last gap, Gap G, was identified by the Passenger TDP group as a need to provide Ames residents with options to travel throughout the community before current service starts on Sunday morning. Currently, public transportation service start at approximately 9:00 am on Sunday making travel to work, church or other personal travel difficult. The group identified the need to start service earlier to meet these community needs.

Management Needs

As part of the Passenger TDP, one requirement is to look at opportunities to provide additional management tools to assist transportation providers in providing the best quality transportation services possible. To this end, this section of the document will discuss current changes planned within the management structure of the organizations and identify any needs in this area.

CyRide

Management changes over the past year have included the hiring of a new Transportation Director as well as a Transit planner which will allow for better coordination of services within CyRide and with other providers within the area.

Additionally, the organization will embark on a construction project in 2007 that will significantly expand the office section of CyRide's facility to allow for its employees to efficiently manage its operations. The current one-story facility will be replaced with a two-story building that will allow for current and future office space needs within the organization. Additional office equipment will be purchased through this construction period to address current needs in this area.

An area of need for CyRide is in addressing education/marketing of its services. CyRide's marketing budget does not include funding to educate residents and students about its services. With the influx of new student residents each fall, this is an enormous need. The benefits that can be achieved by this type of activity can be significant.

Heartland Senior Services/CIT

No additional information regarding staffing levels, office equipment, policy board arrangements, marketing was received by CIT or Heartland transit.

D. Existing Fleet Needs

Capital Needs

Cy-Ride Capital Needs

CyRide's spare ratio (number of unused buses at peak times of the weekday divided by the total number of buses in the entire fleet) for its large bus fleet is currently 18.8%. The Federal Transit Administration allows transit systems to operate at a 20% spare ratio. Operating at a lower than allowed ratio creates several issues for a transit agency of which the most significant is the reliability of its operation. If fewer vehicles are available when circumstances occur on a daily basis such as breakdowns, buses in for maintenance, etc. Transit systems could be in a position to not have enough buses on a particular day to operate all of its routes. A higher spare allows for more vehicles to be in the shop for repairs while allowing staff to still get the required number of vehicles on the street.

1. **Replace Non-Accessible Vehicles for Accessible ADA Vehicles**– CyRide currently has 68 vehicles within their fleet. Four of these vehicles have been placed within the contingency fleet, and 3 are support equipment leaving 61 total vehicles for operations. Twenty-four (39.3%) of those vehicles cannot load wheelchairs. According to ADA regulations, all new vehicles purchased with federal funding must be equipped with a lift/ramp to accommodate wheelchairs. If more buses were ADA equipped, then individuals in a wheelchair could access more of the CyRide fixed-route system.

2. **Reduce Average Fleet Age** – CyRide has been unable to replace vehicles as desired and currently has an average fleet age of 12.5 years which is significantly higher than the national fleet age of 7.0 years. To be more exact, 25 of CyRide’s 53 large buses are older than 12 years of age and therefore past their useful life. This situation occurred when the University went fare free and CyRide’s need for buses immediately increased in 2002 due to overwhelming ridership. CyRide met this demand by purchasing 13 used buses with local funding. No federal funding for expansion was available. Under current policies, these 13 vehicles will not compete for replacement within the states capital replacement program. CyRide must look elsewhere to replace these vehicles to keep costs to a minimum. Therefore, CyRide has developed a capital plan that requires a commitment to fund 3 buses each year through its 5307 formula federal funding until the fleet age is reduced and this older fleet is retired from the system. If this is not accomplished, these locally purchased CyRide vehicles would reach the age of 40 years before achieving the ability to be replaced within the state’s competitive process. Any expansion of services for grant funding should include new vehicles in order to achieve a lower fleet age.

Heartland Senior Service Capital Needs

Heartland Senior Service has fifteen vehicles within their fleet – 13 LD buses and 2 vans. All of Heartland’s vehicles are accessible including their vans. Fourteen of their vehicles are currently past their useful life which is over half of their fleet. Heartland currently has an average fleet age of 7.5. If Heartland were to replace their vehicles according to FTA useful life guidelines, they should be under 4 years for their entire fleet.

CIT Capital Needs

CIT did not provide any information regarding their capital needs or vehicle fleet. Therefore, their needs will not be shown within this plan.

Human Service Agencies Needs

Requests for capital equipment fleets were requested to agencies that provided their own transportation service within the City of Ames through the initial surveys sent to 42 agencies. Although five agencies responded that they provide their own transportation, only Heartland Senior Services responded with their fleet information. In addition these remaining 4 agencies did not attend the coordination meeting in January 2007. Due to the deadline of this plan, this information will be requested again in the 2009 PTDP after participation in the process is developed. This coordination is essential and takes time to develop as evidenced within the coordination between CyRide and CIT.

Fleet Utilization Schedules

CyRide Fleet Utilization Schedule

Another requirement of the Passenger TDP is to review transportation provider’s information on the utilization of their fleet or more specifically, the number of service hours each vehicle operates. The following table illustrates this information regarding CyRide’s bus fleet. Low hours may indicate that a vehicle required extensive shop time or may be too costly to operate, but is needed in emergency situations. Vehicles without any hours have been placed within CyRide’s contingency fleet and are most generally located off property. The 2006 vehicles were received in late fall, and therefore, do not have many hours used per week.

	Year	Make	Model	Fleet ID #	# of Seats	# of Wheelchair Spaces	Base Location	Assignments	# of Hours Used/Week	Used Evening/Weekend?	Projected Annual Miles
1	1975	C&Eq	FordBus	859	0	N	CyRide	Support	0.3	N	
2	1968	GMC	4521	869	45	N	CyRide	Large	6.5	Y	1,750
3	1984	ORION	01.507	890	34	N	CyRide	Contingency	0.0	N	-
4	1984	ORION	01.507	891	34	N	CyRide	Contingency	0.0	N	
5	1985	ORION	01.507	898	34	N	CyRide	Large	8.1	Y	2,317
6	1987	ORION	01.507	900	34	2	CyRide	Large	13.1	Y	6,476
7	1983	ORION	01.506	908	34	N	CyRide	Large	1.0	Y	942
8	1987	ORION	01.507	909	34	2	CyRide	Large	13.1	Y	5,656
9	1987	ORION	01.507	910	34	2	CyRide	Large	12.7	Y	7,082
10	1988	ORION	01.507	912	34	2	CyRide	Large	13.1	Y	7,840
11	1993	GILLIG	35/96	926	32	2	CyRide	Large	72.6	Y	33,827
12	1993	GILLIG	35/96	927	32	2	CyRide	Large	74.5	Y	30,555
13	1996	GILLIG	35/102	933	32	2	CyRide	Large	80.9	Y	39,166
14	1996	GILLIG	35/102	934	32	2	CyRide	Large	56.8	Y	39,264
15	1997	ELDOR	E350	938	13	1	CyRide	Mini	73.0	Y	9,398
16	1997	ELDOR	E350	939	13	1	CyRide	Mini	66.1	Y	8,254
17	1973	GMC	T8H5307	941	49	N	CyRide	Large	18.7	Y	7,751
18	1973	GMC	T8H5307	942	47	N	CyRide	Large	20.1	Y	7,645
19	1973	GMC	T8H5307	943	49	N	CyRide	Large	16.4	Y	6,726
20	1999	GILLIG	40/102 LF	944	36	2	CyRide	Large	79.9	Y	51,293
21	1999	GILLIG	40/102 LF	945	36	2	CyRide	Large	84.0	Y	46,475
22	1999	GILLIG	40/102 LF	946	36	2	CyRide	Large	76.7	Y	51,577
23	1999	GILLIG	40/102 LF	947	36	2	CyRide	Large	66.9	Y	44,242
24	1995	ELDOR	E350	949	14	2	City	Cont.-Mini	0.0	N	-
25	1999	DODGE	Truck	950	0	N	City	Support	11.0	Y	-
26	1974	GMC	T8H5307	952	53	N	CyRide	Large	19.9	Y	6,324
27	2000	ORION	05.501	953	37	2	CyRide	Large	47.6	Y	27,470
28	2000	ORION	05.501	954	37	2	CyRide	Large	57.0	Y	31,633
29	2000	ORION	05.501	955	37	2	CyRide	Large	47.3	Y	35,314
30	2000	ORION	05.501	956	37	2	CyRide	Large	51.7	Y	28,107
31	2000	ORION	05.501	957	37	2	CyRide	Large	52.0	Y	29,545
32	2000	ORION	05.501	958	37	2	CyRide	Large	51.9	Y	33,939
33	2002	SUPREME	E450	960	17	2	CyRide	Mini	31.2	Y	37,712
34	2002	SUPREME	E450	961	17	2	CyRide	Mini	54.6	Y	33,318
35	1990	ORION	05.501	962	47	N	CyRide	Large	21.7	Y	9,552
36	1990	ORION	05.501	964	47	N	CyRide	Large	20.7	Y	9,548
37	1990	ORION	05.501	966	47	N	CyRide	Large	23.0	Y	9,530
38	1990	ORION	05.501	967	47	N	CyRide	Large	23.4	Y	8,902
39	2002	CHEVY	ACTIVAN	968	6	1	CyRide	Mini - vans	38.8	Y	-
40	2005	CHEVY	EVAN	969	6	1	CyRide	Mini - vans	32.5	Y	-

	Year	Make	Model	Fleet ID #	# of Seats	# of Wheelchair Spaces	Base Location	Assignments	# of Hours Used/Week	Used Evening/Weekend?	Projected Annual Miles
41	2002	ORION	05.501	970	37	2	CyRide	Large	50.4	Y	32,435
42	2002	ORION	05.501	971	37	2	CyRide	Large	46.8	Y	31,100
43	2002	ORION	05.501	972	37	2	CyRide	Large	42.0	Y	34,216
44	2002	ORION	05.501	973	37	2	CyRide	Large	48.1	Y	33,746
45	2002	ORION	05.501	974	37	2	CyRide	Large	47.6	Y	28,552
46	2002	ORION	05.501	975	37	2	CyRide	Large	51.8	Y	33,134
47	2002	ORION	05.501	976	37	2	CyRide	Large	50.8	Y	30,329
48	2002	ORION	05.501	977	37	2	CyRide	Large	40.4	Y	33,849
49	2003	SUPREME	E350	978	13	1	CyRide	Mini	46.6	Y	30,743
50	2003	SUPREME	E350	979	13	1	CyRide	Mini	30.9	Y	31,427
51	1988	ORION	01.508	980	48	N	CyRide	Large	18.1	Y	8,471
52	1988	ORION	01.508	981	48	N	CyRide	Large	17.1	Y	8,353
53	1988	ORION	01.508	982	48	N	CyRide	Large	0.1	Y	7,925
54	1988	ORION	01.508	983	48	N	CyRide	Large	16.7	Y	8,428
55	1988	ORION	01.508	984	48	N	CyRide	Large	17.0	Y	10,082
56	1990	ORION	05.501	985	47	N	CyRide	Large	23.1	Y	9,154
57	1990	ORION	05.501	987	47	N	City	Contingency	0.0	N	-
58	1990	ORION	05.501	990	47	N	CyRide	Large	21.9	Y	11,477
59	1990	ORION	05.501	991	47	N	CyRide	Large	23.2	Y	10,954
60	2005	ORION	05.501	994	37	2	CyRide	Large	46.0	Y	19,562
61	2005	ORION	05.501	995	37	2	CyRide	Large	41.5	Y	24,026
62	2005	ORION	05.501	996	37	2	CyRide	Large	38.8	Y	25,035
63	2005	ORION	05.501	997	37	2	CyRide	Large	43.0	Y	21,525
64	2006	FORD	F-450	999	3	N	CyRide	Support	1.4	Y	-
65	2006	ORION	VII	1	37	2	CyRide	Large	13.3	Y	9,820
66	2006	ORION	VII	2	37	2	CyRide	Large	0.0	Y	8,000
67	2006	ORION	VII	3	37	2	CyRide	Large	9.5	Y	9,295
68	2006	ORION	VII	4	37	2	CyRide	Large	12.1	Y	9,650

Heartland Fleet Utilization Schedule

The following information was provided by Heartland Senior Services regarding their fleet. Heartland utilizes two vehicles for the Dial-A-Ride service they provide under contract with CyRide/City of Ames. The remaining vehicles would be utilized outside of Ames for service to Story County.

	Make	Model	Year	Fleet ID #	# of Seats	# of Wheelchair Spaces	Base Location	Assignments	# of Hours Used/Week	Used Evening/Weekend?	Projected Annual Miles
1	Ford	Goshen	1998	7632	15	4	Ames	public transit	55	yes	41,644
2	Ford	Supreme	1993	7621	17	2	Ames	public transit	21	no	19,392
3	Ford	Collins	1997	7627	20	2	Ames	public transit	16	no	11,844
4	Ford	Supreme	1993	7620	17	2	Ames	public transit	17	no	13,548
5	Chevy	Enter	2004	7638	5	1	Ames	public transit	33	no	36,756
6	Chevy	Venture	1998	7631	5	1	Ames	public transit	11	no	14,940
7	Ford	Champion	2003	7634	18	2	Ames	public transit	19	yes	33,168
8	Ford	Goshen	1998	7633	15	4	Ames	public transit	42	yes	33,168
9	Ford	Collins	1996	7628	20	2	Ames	public transit	56	yes	40,200
10	Ford	Collins	1997	7629	20	2	Ames	public transit	33	no	25,932
11	Ford	Supreme	1998	7630	12	1	Ames	public transit	40	no	36,744
12	Ford	Goshen	2004	7635	18	4	Ames	public transit	36	yes	26,688
13	Ford	Goshen	2004	7636	18	4	Ames	public transit	53	yes	38,580
14	Ford	Goshen	2004	7637	18	4	Ames	public transit	70	yes	26,688
15	Ford	Goshen	2005	7639	16	2	Ames	public transit	57	yes	45,444

Human Service Agencies Needs

Again, information was not provided by surveyed human service agencies after several follow-up e-mails and phone calls. This information request will be improved for the 2009 PTDP.

Replacement Schedules

CyRide Fleet Replacement/Rehabilitation Schedule

The vehicles highlighted with red text below are scheduled to be replaced through the budget process and funding for their procurement has been either identified or secured. The remaining vehicles highlighted in yellow indicate a need to be replaced as they are past their useful life according to FTA; however, funding has not been identified for their replacement.

	Year	Model	Make	Fleet ID #	Vehicle Equip.	Previously Rehabbed (Yes/No)	Mileage as of 6-30-06	Type of Improvement				
								Scheduled FY 07	Proposed FY 08	Proposed FY 09	Proposed FY 10	Proposed FY 11
1	1975	C&Eq	FordBus	859		Yes	233,086		REP			
2	1968	GMC	4521	869			207,016		REP			
3	1984	ORION	01.507	890		Yes	465,007		REP			
4	1984	ORION	01.507	891		Yes	473,042		REP			
5	1985	ORION	01.507	898		Yes	433,376	REP				
6	1987	ORION	01.507	900	L	Yes	606,486					REP
7	1983	ORION	01.506	908		Yes	370,172		REP			
8	1987	ORION	01.507	909	L	Yes	620,602		REP			
9	1987	ORION	01.507	910	L	Yes	609,048		REP			
10	1988	ORION	01.507	912	L	Yes	537,237		REP			
11	1993	GILLIG	35/96	926	L		470,159		REP			
12	1993	GILLIG	35/96	927	L		455,132		REP			
13	1996	GILLIG	35/102	933	L		418,526		REP			
14	1996	GILLIG	35/102	934	L		419,927		REP			
15	1997	ELDOR	E350	938	L		186,936			REP		
16	1997	ELDOR	E350	939	L		191,040			REP		
17	1973	GMC	T8H5307	941			71,913					REP
18	1973	GMC	T8H5307	942			64,762				REP	
19	1973	GMC	T8H5307	943			67,054				REP	
20	1999	GILLIG	40/102 LF	944	R		314,168					REP
21	1999	GILLIG	40/102 LF	945	R		312,268					REP
22	1999	GILLIG	40/102 LF	946	R		304,593					REP
23	1999	GILLIG	40/102 LF	947	R		305,307					REP
24	1995	ELDOR	E350	949	L		280,964		REP			
25	1999	DODGE	Truck	950			36,746	REP				
26	1974	GMC	T8H5307	952			58,417				REP	
27	2000	ORION	05.501	953	L		178,047					
28	2000	ORION	05.501	954	L		174,388					
29	2000	ORION	05.501	955	L		175,146					
30	2000	ORION	05.501	956	L		180,147					
31	2000	ORION	05.501	957	L		173,173					
32	2000	ORION	05.501	958	L		182,516					
33	2002	SUPREME	E450	960	L		158,575		REP			
34	2002	SUPREME	E450	961	L		146,214		REP			
35	1990	ORION	05.501	962			34,366		REP			
36	1990	ORION	05.501	964			37,207			REP		
37	1990	ORION	05.501	966			39,165		REP			

	Year	Model	Make	Fleet ID #	Vehicle Equip.	Previously Rehabbed (Yes/No)	Mileage as of 6-30-06	Type of Improvement				
								Scheduled FY 07	Proposed FY 08	Proposed FY 09	Proposed FY 10	Proposed FY 11
38	1990	ORION	05.501	967			38,911		REP			
39	2002	CHEVY	ACTIVAN	968	L		68,142		REP			
40	2005	CHEVY	EVAN	969	L		27,995			REP		
41	2002	ORION	05.501	970	L		99,039					
42	2002	ORION	05.501	971	L		97,522					
43	2002	ORION	05.501	972	L		96,967					
44	2002	ORION	05.501	973	L		93,633					
45	2002	ORION	05.501	974	L		91,394					
46	2002	ORION	05.501	975	L		89,613					
47	2002	ORION	05.501	976	L		92,140					
48	2002	ORION	05.501	977	L		92,368					
49	2003	SUPREME	E350	978	L		78,838		REP			
50	2003	SUPREME	E350	979	L		87,357		REP			
51	1988	ORION	01.508	980			530,492	REP				
52	1988	ORION	01.508	981			567,155	REP				
53	1988	ORION	01.508	982			499,859		REP			
54	1988	ORION	01.508	983	L		534,930		REP			
55	1988	ORION	01.508	984	L		414,490			REP		
56	1990	ORION	05.501	985			407,366		REP			
57	1990	ORION	05.501	987			413,349		REP			
58	1990	ORION	05.501	990			435,363		REP			
59	1990	ORION	05.501	991			433,620			REP		
60	2005	ORION	05.501	994	L		20,054					
61	2005	ORION	05.501	995	L		24,171					
62	2005	ORION	05.501	996	L		25,115					
63	2005	ORION	05.501	997	L		21,674					
64	2006	FORD	F-450	999			191					
65	2006	ORION	VII	1	L							
66	2006	ORION	VII	2	L							
67	2006	ORION	VII	3	L							
68	2006	ORION	VII	4	L							

Heartland Senior Services Replacement Schedule

Make	Model	Year	Fleet ID #	Vehicle Equip.	Previously Rehabbed (Yes/No)	Mileage as of 6/30/2006	Type of Improvement				
							Scheduled FY 07	Proposed FY 08	Proposed FY 09	Proposed FY 10	Proposed FY 11
Ford	Goshen	1998	7632	L, MR	No	216,428		REP			
Ford	Supreme	1993	7621	L, MR	No	257,611					
Ford	Collins	1997	7627	L, MR	No	185,926		REP			
Ford	Supreme	1993	7620	L, MR	No	241,806					
Chevy	Enter	2004	7638	R, MR	No	74,249				REP	
Chevy	Venture	1998	7631	R, MR	No	158,282		REP			
Ford	Champion	2003	7634	L, MR	No	83,468				REP	
Ford	Goshen	1998	7633	L, MR	No	216,469		REP			
Ford	Collins	1996	7628	L, MR	No	171,565		REP			
Ford	Collins	1997	7629	L, MR	No	170,443		REP			
Ford	Supreme	1998	7630	L, MR	No	214,491		REP			
Ford	Goshen	2004	7635	L, MR	No	40,428					REP
Ford	Goshen	2004	7636	L, MR	No	44,612					REP
Ford	Goshen	2004	7637	L, MR	No	48,631					REP
Ford	Goshen	2005	7639	L, MR	No	6,397					REP

**TOTAL
AVERAGE AGE**

Heartland Senior Services' replacement schedule for their fleet is identified above. Approximately 93% of Heartland Senior Services' fleet is past their useful life. It should be noted that the majority of their fleet is operating rural service funded through Heart of Iowa Regional Transit Agency (HIRTA). Their replacement of vehicles would also be documented within CIRPTA's Region 11 PTDP process but would be incorporated within HIRTA's entire fleet. However, CyRide hopes to lease a new expansion vehicle to HIRTA/Heartland Senior Services every seven years to aid in their Dial-A-Ride operations for the City of Ames. The vehicle would be owned and maintained by CyRide but operated by Heartland Senior Services.

In addition, HIRTA will purchase Heartland Senior services another 176" LD vehicle in 2008 for a total of \$73,000 allowing Heartland Senior Service to better serve the public. This will be funded from HIRTA as the vehicle will be primarily for rural services and it is documented within CIRPTA's PTDP plan.

CIT Replacement Schedule

CIT did not provide a fleet replacement/rehabilitation schedule.

Human Service Agencies Needs

The human service agencies surveyed did not provide any fleet replacement/rehabilitation schedule.

F. Facility Needs

CyRide, through the development of a Facilities Master Plan, has identified extensive facility needs. Phase II, the new administrative portion of the facility will be constructed beginning in April 2007 through 5309 earmarked funding and infrastructure grant funding. In addition, public information meetings were scheduled through the Transportation Improvement Plan and grants process through Phase II of the Facilities Master Plan. Phase III of the Facilities Master Plan has not yet commenced. The IDOT can reference additional information within the Public Transit Infrastructure Grant submitted to the IDOT December 15, 2006 for additional details in regards to CyRide's Phase II facility needs for the administrative areas. FTA can access the latest 5309 grant for facility funding for these documents or the architecture plans submitted to their procurement office for the new administrative area. Furthermore, any of CyRide's grants are public information and may be viewed upon request. CyRide has continued SAFETEA-LU earmarks scheduled through 2009 to fund the facility upgrade needs that are required as noted within the Facilities Master Plan. Only 5309 and Infrastructure Grant funding have been identified to fund future facility needs.

G. Goals/Objectives

Based on the needs identified throughout this plan from the transit providers and human service providers, the policy committee has identified the following overall objectives to be accomplished within the next several years within the Ames area if funding is available. These goals will strive to target the low-income, elderly/disabled, and working populations.

- Reduce fleet ages and improve accessibility of transportation providers
- Extend route hours of service
- Improve frequency of service
- Increase geographic area of service coverage
- Increase involvement/coordination between providers and human service agencies towards transportation services

Financial Resources

As stated within the document purpose earlier, the three federal funding programs that rely upon inclusion in this document for grant approval are the Elderly & Disabled Program (5310), Job Access and Reverse Commute (5316) and New Freedom (5317). However, Iowa is requiring that all state and federal funding be addressed within the PTDP. Each one of these programs is described in detail below.

Special Needs (Elderly & Disabled Program - 5310): This Special Needs program was established to provide federal funding for support of transit activities in rural areas and in urban areas, and to support transit activities providing service to elderly persons and persons with disabilities. Urban and regional transit systems are eligible for this funding through a performance-based distribution formula based on prior year's statistics that are reported to the Iowa Department of Transportation. This funding could be used to support operating expenses for contracted ADA service (80%) or to purchase vehicles as long as they are primarily utilized for ADA service operations (83%). For CyRide, 5310 funding will be primarily utilized to reimburse Dial-A-Ride services operated by their subcontractor Heartland Senior Services. This DAR service is ADA service for the City of Ames.

Job Access and Reverse Commute (JARC - 5316): The Job Access and Reverse Commute (JARC) program funds the development of transportation service to connect welfare recipients and low income person to employment and support services such as childcare or training. The transportation bill reauthorization changed this program from a discretionary program to a formula based program. This formula is now based on the amount of low-income population. Iowa receives a single allocation for urbanized areas from 50,000 – 200,000 and a separate allocation for non-urbanized areas. Both are available through competitive applications as required in SAFETEA-LU.

CyRide has not competed for past discretionary JARC funding. HIRTA has previously accessed JARC for other counties in Region 11 but not for Heartland Senior Services providing service for Story County. However, with the change requiring all transit systems to develop a Passenger TDP, more systems will begin developing projects and requesting this funding to support their operations. Specifically, JARC subsidizes 50% of operating costs and 80% of capital.

It should be noted that if not all the large urbanized areas or regional systems compete for these funds there would be additional funding available during that year for those that do request funding. For instance, only one system within the large urban transit system competed for federal funding in FY2007 and received full funding for their project.

New Freedom (5317) - The New Freedom program encourages services and facility improvements that go beyond those required by the Americans with Disabilities Act. New Freedom can also expand services to persons with disabilities. The funds are allocated based upon the number of rides it provides to persons with disabilities. Allocations go to designated recipients in areas over 200,000, to States for areas under 200,000 and non-urbanized areas. Projects must be in a locally-developed human service transportation coordinated plan beginning in FY2007. A tenth of the funds may be used for planning, administration and technical assistance.

Under this program, the IDOT gives estimated amounts available called “marks” to each large urban transit system in the UZA's under 200,000 in population. If not all the systems apply for this funding, then the funding is available to those that do apply is higher if the IDOT deems the project acceptable. This process is similar for regional systems under 50,000 in population.

State Transit Assistance (STA -Special Projects) – The state brought back their special projects program under STA to assist funding coordination projects identified within the PTDP process. Applicants can apply to the Iowa Department of Transportation for funding of approximately \$5,000 - \$15,000 per year for defined projects.

State Transit Assistance (STA) – This funding provides state funding assistance to support and improve locally sponsored public transit systems. The bulk of this money is distributed among Iowa’s 35 transit systems based upon each transit system’s performance during the previous years in terms of rides, miles and local funding support. In Iowa, 1/20 of the first four cents of the sales tax collected on the sale of motor vehicles and accessory equipment is used to generate these funds. CyRide utilizes the funding for support of their operations.

Iowa’s Clean Air Attainment Program (ICAAP) – This program funds highway/street, transit, bicycle/pedestrian, rail, or freight projects or programs which help maintain Iowa’s clean air quality by reducing transportation-related emissions. Eligible projects will fall into one of the following categories: 1) those which reduce emissions via traffic flow improvements and provide a direct benefit to air quality by addressing ozone, carbon monoxide or PM-10 (particulate matter); 2) those which reduce vehicle miles of travel (VMT); 3) those which reduce single-occupant vehicle trips; and 4) other transportation improvement projects which improve air quality or reduce congestion. Transit capital improvements and/or net operating costs of new transit services are eligible for up to three years (at 80 percent federal/20 percent local participation). A minimum request of \$20,000 is required along with a 20% local match to the federal dollars.

Urbanized Area Formula Program (5307) – This program is an annual apportionment for urbanized areas over 50,000 in population to allow for operating, capital and planning activities. For CyRide, the funds can be used to support operating deficits or for capital improvements at 80% federal, 20% non-federal basis. For vehicles designed for access by person with disabilities, the federal share increases to 83% and increases to 90% when used for clean air equipment.

Discretionary Earmarks (5309) – This program provides federal funding assistance due to Congressional earmarks for transit capital improvements including bus/bus facility replacement or expansions, and fixed guideway modernization. Funding has primarily been allocated to CyRide directly for support of their facility upgrades to the maintenance garage and administrative building. The State of Iowa also receives this type of funding for improvements to all transit systems which is given out systematically through a process called Public Transit Management System (PTMS). Transit systems within Iowa may compete for statewide funds so long as they document that they have spent an amount equal to 20% of their federal formula funding and the required local match on qualifying capital.

Surface Transportation Program (STP) – The Surface Transportation Program (STP) funds roadway and transit capital projects on an 80% federal, 20% local basis. The Ames Area Metropolitan Planning Organization program STP funds for the Ames area which can be used on roadway, transit vehicles, or bike/pedestrian enhancement projects. The Ames Area Metropolitan Planning Organization is currently funding the Ames Transit Feasibility Study (\$100,000) through 40% STP funding. Reimbursements for this project will be requested directly from the City of Ames.

Non-urbanized Formula Funding (5311) – Non-urbanized Formula Funding is only available for rural transit services and not available as viable funding source for transportation within the City of Ames since Ames is 100% urban. Therefore this funding is not referenced within the urban Ames PTDP plan. This funding would be addressed within CIRPTA’s PTDP for rural funding in Story County. Heartland Senior Services would receive this funding for rural transportation in Story County through their contract with Heart of Iowa Regional Transit Agency (HIRTA).

Below are estimated federal funding “anticipated” for each of these funding sources for the Ames UZA and reflect only formula projections and SAFETEA-LU Earmarks. Funding programs below with question marks indicate that the programs are competitive in nature or discretionary projects.

Ames UZA (CyRide)	2008	2009	2010	2011	TOTAL
5310 (Elderly/Disabled)	\$ 146,080	\$ 153,384	\$ 161,053	\$ 169,106	\$ 629,623
STA (State Operating Transit Assistance)	\$ 487,859	\$ 512,252	\$ 537,865	\$ 564,758	\$ 2,102,733
5307 (CyRide Formula - delayed a year)	\$ 1,469,563	\$ 1,610,455	\$ 1,713,131	\$ 1,798,788	\$ 6,591,937
5309 Earmarks (CyRide facility only)	\$ 434,720	\$ 451,440	?	?	\$ 886,160
5316 (JARC)	?	?	?	?	?
5317 (New Freedom)	?	?	?	?	?
STA (Special Projects - PTDP Coordination Planning)	?	?	?	?	?
ICAAP (CMAQ)	?	?	?	?	?
STP	?	?	?	?	?
TOTAL	\$ 2,538,222	\$ 2,727,531	\$ 2,412,049	\$ 2,532,651	\$ 10,210,453

Note: Question marks in the above table represent competitive funding programs that cannot be quantified until applications are approved by state/federal government decision makers. Future years of formula funding beyond 2008 are estimations and increased 5% each year. 5309 earmarks were documented allocations to CyRide within SAFTEA-LU for improvements to the facility.

Passenger Transportation Investment Program

The following projects were recommended to be incorporated into the PTDP investment Program through the January 11, 2007 meeting with the Human Service and Transportation Providers. The committee recommended and ranked projects to be included into the PTDP investment plan. The Ames Area Metropolitan Planning Organization (AAMPO) reviewed the document for its approval informally prior to the draft submission on February 1, 2007. Formal approval of the goals, objectives and investment plans were approved through the AAMPO committees in March 2007. These projects only reflect 5310, 5316, 5317 and ICAAP funding. STP funding is not recommended for transit purposes at this time by the AAMPO. The draft FY2008-FY2011 TIP reflecting additional federal funding projects is included on page 51 of this document. The investment plan below reflects only funding proposed for projects related to low-income, elderly and disabled programs. (Human service agencies did not provide information regarding funding for any programs relating to individuals in these categories.)

Program of Recommended Projects – 2007

The projects below must be incorporated into the 2007 year of funding as the Iowa Department of Transportation will apply for this funding before the 2008 STIP is approved.

<u>Provider Name</u>	<u>Project Description</u>	<u>Type</u>	<u>Total Cost</u>	<u>Source</u>	<u>Fed. Amount</u>
	Brown Route Service Frequency and Hours				
CyRide	Expansion	OPS	\$ 42,000	5316	\$ 21,000
CyRide	Yellow Route	OPS	\$ 4,400	5316	\$ 2,200
CyRide	Replacement of 40' HD Bus	CAP	\$ 315,000	5317	\$ 94,143
	Service to Dayton Industrial Area, Dialysis, Agency Locations @ 13th/Dayton				
CyRide		OPS	\$ 314,000	5316	157,000
TOTAL			\$ 675,400		\$ 274,343

Program of Recommended Projects – First Year 2008

<u>Provider Name</u>	<u>Project Description</u>	<u>Type</u>	<u>Total Cost</u>	<u>Source</u>	<u>Fed. Amount</u>
	Subcontracted Ames ADA Complimentary Services - Dial-A-Ride Services				
Heartland Senior Services (CyRide Subcontractor)		OPS	\$ 111,013	5310	\$ 88,810
	Replace Heartland Senior Services Service Bus for CyRide ADA Service				
Heartland Senior Services (CyRide Subcontractor)		CAP	\$ 69,000	5310	\$ 57,270
	Brown Route Service Frequency and Hours				
CyRide	Expansion	OPS	\$ 44,100	5316	\$ 22,050
CyRide	Yellow Route	OPS	\$ 4,620	5316	\$ 2,310
	Service to Dayton Industrial Area, Dialysis, Agency Locations @ 13th/Dayton				
CyRide		OPS	\$ 329,700	5316	164,850
CyRide	Replacement of 40' HD Bus	CAP	\$ 315,000	5317	\$ 98,850
TOTAL			\$ 873,433		\$ 434,140

Sketch Plan - Years 2009, 2010, 2011

<u>Year</u>	<u>Provider Name</u>	<u>Project Description</u>	<u>Type</u>	<u>Total Cost</u>	<u>Sources</u>	<u>Amount</u>
		Subcontracted Ames ADA				
	Heartland Senior Services	Complimentary Services -				
2009	(subcontractor of CyRide)	Dial-A-Ride Services	OPS	\$ 134,925	5310	\$ 107,940
		Service to Dayton Industrial				
		Area, Dialysis, Agency				
2009	CyRide	Locations @ 13th/Dayton	OPS	\$ 346,185	5316	173,093
		Brown Route Service				
		Frequency and Hours				
2009	CyRide	Expansion	OPS	\$ 46,305	5316	\$ 23,153
2009	CyRide	Yellow Route	OPS	\$ 4,851	5316	\$ 2,426
2009	CyRide	Replacement of 40' HD Bus	CAP	\$ 356,108	5317	295,570
2009	CyRide	Vanpool Program - Vans	CAP	\$ 270,000	CMAQ	216,000
		Vanpool Program -				
		Operating	OPS	\$ 162,455	CMAQ	129,964
2009 Subtotal				\$ 839,719		\$ 667,112
		Subcontracted Ames ADA				
	Heartland Senior Services	Complimentary Services -				
2010	(subcontractor of CyRide)	Dial-A-Ride Services	OPS	\$ 141,671	5310	\$ 113,337
		Service to Dayton Industrial				
		Area, Dialysis, Agency				
2010	CyRide	Locations @ 13th/Dayton	OPS	\$ 363,494	5316	181,747
		Brown Route Service				
		Frequency and Hours				
2010	CyRide	Expansion	OPS	\$ 48,620	5316	\$ 24,310
2010	CyRide	Yellow Route	OPS	\$ 5,094	5316	\$ 2,547
2010	CyRide	Replacement of 40' HD Bus	CAP	\$ 373,913	5317	310,348
2010 Subtotal				\$ 427,627		\$ 337,205
		Subcontracted Ames ADA				
	Heartland Senior Services	Complimentary Services -				
2011	(subcontractor of CyRide)	Dial-A-Ride Services	OPS	\$ 148,755	5310	\$ 119,004
		Service to Dayton Industrial				
		Area, Dialysis, Agency				
2010	CyRide	Locations @ 13th/Dayton	OPS	\$ 381,669	5316	190,834
		Brown Route Service				
		Frequency and Hours				
2011	CyRide	Expansion	OPS	\$ 51,051	5316	\$ 25,526
2011	CyRide	Yellow Route	OPS	\$ 5,348	5316	\$ 2,674
2011	CyRide	Replacement of 40' HD Bus	CAP	\$ 392,609	5317	\$ 325,866
2011 Subtotal				\$ 449,009		\$ 354,065

Draft FY2008-FY2011 Transportation Improvement Plan

Per requirements of the Iowa Department of Transportation, the following proposed projects encompassing all federal and state transit funding for the Ames area for transit projects are included below.

Fund Type	System	Project Description	Vehicle Identification or Remarks	Type	Project Type	Total Cost				Federal Participation				2008 STA
						2008	2009	2010	2011	2008	2009	2010	2011	
5307/ST A	CyRide	General Operations General Operations East 13th/LincolnWay/Dayton		O	Exp	5,806,892	6,039,168	6,280,734	6,531,964	\$1,610,455	\$1,713,131	\$1,798,788	\$1,888,727	487,859
5316	CyRide	Commercial/Industrial Area Brown Route Frequency/Hours Expansion		O	Exp	329,700	346,185	363,494	381,669	164,850	173,093	181,747	190,834	
5316	CyRide	Yellow Route Expansion		O	Exp	44,100	46,305	48,620	51,051	22,050	23,153	24,310	25,526	
5316	CyRide	One 40' HD bus with camera	966	C	Rep	4,620	4,851	5,094	5,348	2,310	2,426	2,547	2,674	
5317/Local	CyRide	Contracted paratransit service 1- 158" Light Duty (Diesel, Urban, Cameras)		O	Exp	339,150	356,108	373,913	392,609	98,850	103,793	108,982	114,431	
5310	CyRide	Transit Amenities		C	Rep	111,013	134,925	141,671	148,755	88,810	107,940	113,337	119,004	
5309	CyRide	10 - 40' HD buses (Cameras)	869, 926, 927, 933, 934, 980, 981, 983, 985, 990, 859, 949, 938, 939, 960,	C	Rep	69,000	54,752	57,489	50,662	57,270	45,444	47,716	42,049	
5309	CyRide	6 - 158" Light Duty (Diesel, Urban, Cameras)	961	C	Rep	3,230,000				2,680,900				
5309	CyRide	Scissor Lift for Shop/Maintenance Shop Exhaust Removal System/HVAC System		C	Exp	468,000				388,440				
5309	CyRide	Facility Cameras/Proximity Card Access	20 Cameras(20*(\$1,333) ; 10 Proximity Cards	C	Exp	35,000				28,000				
5309	CyRide	Steam clean area; hoist and floor repair		C	Rep	200,000				45,328	0			
5309	CyRide	Vehicle Security System Camera Replacement	2009: (\$8,000*13), 2010: (\$8,000*14)	C	Rep	104,000				0	83,200	89,600		
5309	CyRide	Storage area air handling replacement Storage Rd/Univ Village traffic control		C	Rep	150,000				112,000	120,000	144,000		
5309	CyRide	Garage Rehab and Expansion Phase III (Direct Earmarks)		C	Exp	564,300				434,720	451,440	800,000	400,000	
5309	CyRide	AVL technology, web planner, passenger counters		C	Exp	1,632,540					1,175,429	720,000		
5309	CyRide	Resurface ISC Commuter Parking		C	Reh	1,000,000								
5309	CyRide	ISU North Intermodal Facility		C	Exp	15,625,000						12,500,000		
Total					Total	11,237,535	10,483,133	24,158,016	8,242,057	5,781,983	4,879,047	15,811,027	2,783,246	
Capital					Capital	4,941,210	3,911,699	17,318,402	1,123,270	3,893,508	2,859,305	13,690,298	556,481	

Next Steps

The Passenger Transportation Development Plan is a new process for the Ames Area Metropolitan Planning Organization. While this process was valuable in developing the needs of the Ames area, this will be a planning endeavor that will be further refined over the next few years. Although participation in the process was substantial, it is anticipated that participation will increase over the next year bringing more in-depth discussions in regards to funding and collaboration. Anticipated growth for discussion will be improved particularly in identifying human service providers providing transportation with vehicles they own and operate. Due to the considerable interest between human service and transportation providers with this first PTDP process, the collaborative meetings may be developed into an established routine throughout the year. As the PTDP process develops throughout the state, lessons learned can be shared between MPO's and RPA's to help make this process better for all areas in Iowa.

APPENDIX

Appendix A. Transportation Provider Survey Distribution Listing

The transportation providers below were requested to fill out information regarding transportation they provide and need for their organization. The agencies identified in yellow actually filled out survey responses and are provided within Appendix B.

<i>Transportation Providers in MPO Area</i>	<i>Contact (Last Name)</i>	<i>Contact (First Name)</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Central Iowa Transit (CIT)	Klooster	Brent	2701 Ford St.	Ames	IA	50010
CyRide	Atwood	Shari	1700 6th St.	Ames	IA	50010
Heartland Senior Services	Nevels	Theresa	205 S. Walnut	Ames	IA	50010
Midwest Coaches, Inc.	Anderson	Mark	1501 East Lincoln Way	Ames	IA	50010
Northland Travel (Northwest Iowa Transportation) - NWITours.com			501 E. 4th St.	Huxley	IA	50124
Windstar Lines			820 SE Dalbey Drive	Ankeny	IA	50021
Jamison Express			305 N Hwy 69	Huxley	IA	50124
Ames Taxi		Mike	2006 E Lincoln Way	Ames	IA	50010
Budget Cab			P.O. Box 65890	West Des Moines	IA	50265
AJ's Best Stretch Limousine			637 10th St	West Des Moines		50265
Ames Limousine Service	McGonigle	Mike	301 S Maple Ave,	Ames	IA	50010
Crown Limousine Ltd.			300 N. Linn St.	Slater	IA	50244
Farley's Limousine Service			1061 Lamb Ln.	Boone	IA	50036
Racing Limos of Central Iowa			7097 NW 5th Court	Ankeny	IA	50023
Star Shuttle Party Buses			4675 Merle Hay Rd	Des Moines	IA	50322

Appendix B

Transportation Providers Surveys

3. Fare Structure: \$1.00 adult, 50¢ elderly/disabled, K-12 students and medicare cardholders; free ISU students

4. Vehicle Fleet

Number of Vehicles: Buses: 50 Vans: 5
 Trucks: 3 Sedans: 0
 Station Wagons: 0 Other: 0

Wheelchair Spaces:

Number of Vehicles With: Wheelchair Lifts/Ramps: 41
 Two Way Radios/Phones: 65

5. Performance

	Last Year (FY 06) Actual	Current Year (FY 07) Projected
Operating:		
Passengers	4,173,208	
Wheelchair Lift Operations Performed		
Revenue Miles	1,073,500	
Revenue Hours	99,710	
Passenger Revenue/Mile		
Passenger Revenue/Hour		
Average Daily Passenger Carried	11,528	
Financial:		
Operating Expenses	5,341,197	
Operating Revenues	5,669,859	
Capital Expenses		
Cost/Revenue Mile		
Revenue/Revenue Mile		
Cost/Passenger Trip		
Cost/Revenue Hour		
Revenue/Revenue Hour		
Average Passenger Fare/Trip		

6. Shared Facilities with Other Transportation Providers/Human Service Agencies:

	Name of Provider/Agency	Type of Facility
1	None	
2		
3		
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7. Coordination Efforts with Other Transportation Providers and/or Human Service Agencies:

	Name of Provider/Agency	Description of Coordination Effort
1	Hearland Service Agency	Provides Paratransit Services for Cy-Ride
2	CTI	Provides trippers during Cy-Ride peaks to alleviate
3	Midwest Transportation	Provides vehicles for special events such as Special Olympics
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8. What Areas of Transportation Service Coordination Are of Interest to You?
(check all that apply)

- Joining a network of transportation/human service providers to look at coordination
- Centralized scheduling, dispatch, and vehicle tracking
- Contracting to purchase transportation service
- Collaborate in grant writing
- Contracting to provide transportation service
- Consolidating service to a single provider
- Technology for vehicle tracking and ride scheduling
- Centralized fuel purchasing
- Pooling training resources
- Pooling financial resources
- Sharing of vehicles among agencies
- Cooperatively purchasing vehicles
- Other: _____

9. In what ways do you believe your organization can be involved in efforts to coordinate transportation services?

Cy-Ride can lead in coordinating efforts for transportation in Ames among the human service agencies and private operators with the goal of providing efficient services.

10. Please list all projects that have been implemented over the past year that utilized Special Needs (5310), New Freedom (5317), or Job Access Reverse Commute (5316) funding, and their level of success.

Level of Success: A: Successful, will continue if funding available
 B: Not successful, will not continue the project
 C: Unsure

Funding Source	Project	Level of Success
5310	Contracting Paratransit Service with Heartland	A
5310	Wheelchair lift replacements	A
5310	Purchase of one 138" LD bus	A

11. Please provide a summary of public comment received from various sources over the last 12 months that deal with positives and negatives of service.

Incorporated into plan.

12. The tab of this spreadsheet labeled *Provider List* includes a list of transportation providers in the Ames MPO areas. Please list any other transportation providers that are not included on this list so that they too can complete these forms.
 (Provide this information in the *Provider List* tab)

[Click here to proceed to the *Fleet Analysis* tab when finished with this tab.](#)

Fleet Utilization Analysis

Transit System Name: Ames Transit Agency - CyRide

Data Current As Of: 12/31/2006

Please complete the following table using information from your existing fleet.

[Click here to proceed to the Fleet Schedule tab at the bottom of the screen when finished with this tab.](#)

	Make	Model	Year	Fleet ID #	# of Seats	# of Wheelchair Spaces	Base Location	Assignments	# of Hours Used/Week	Used Evening/W/Weekend?	Projected Annual Miles
1	1975	C&Eq	Forebus	859	0	N	CyRide	Support	0.3	N	1,750
2	1998	GMC	4521	869	45	N	CyRide	Large	6.5	Y	-
3	1984	ORION	01.507	880	34	N	CyRide	Contingency	0.0	N	-
4	1984	ORION	01.507	881	34	N	CyRide	Contingency	0.0	N	-
5	1985	ORION	01.507	898	34	N	CyRide	Large	8.1	Y	2,317
6	1987	ORION	01.507	900	34	2	CyRide	Large	13.1	Y	6,476
7	1983	ORION	01.506	906	34	N	CyRide	Large	1.0	Y	942
8	1987	ORION	01.507	909	34	2	CyRide	Large	13.1	Y	5,696
9	1987	ORION	01.507	910	34	2	CyRide	Large	12.7	Y	7,082
10	1988	ORION	01.507	912	34	2	CyRide	Large	13.1	Y	7,840
11	1993	GILLIG	35/96	926	32	2	CyRide	Large	72.6	Y	33,827
12	1993	GILLIG	35/96	927	32	2	CyRide	Large	74.5	Y	30,555
13	1996	GILLIG	35/102	933	32	2	CyRide	Large	80.9	Y	39,166
14	1996	GILLIG	35/102	934	32	2	CyRide	Large	56.8	Y	39,264
15	1997	ELDOR	E350	938	13	1	CyRide	Mini	73.0	Y	9,398
16	1997	ELDOR	E350	939	13	1	CyRide	Mini	66.1	Y	8,254
17	1973	GMC	TBHS307	941	49	N	CyRide	Large	18.7	Y	7,751
18	1973	GMC	TBHS307	942	47	N	CyRide	Large	20.1	Y	7,645
19	1973	GMC	TBHS307	943	49	N	CyRide	Large	16.4	Y	8,726
20	1999	GILLIG	40/102 LF	944	36	2	CyRide	Large	79.9	Y	51,293
21	1999	GILLIG	40/102 LF	945	36	2	CyRide	Large	84.0	Y	46,475
22	1999	GILLIG	40/102 LF	946	36	2	CyRide	Large	76.7	Y	51,577
23	1999	GILLIG	40/102 LF	947	36	2	CyRide	Large	65.9	Y	44,242
24	1995	ELDOR	E350	949	14	2	City	Contingency-Mini	0.0	N	-
25	1999	DOODGE	Truck	950	0	N	City	Support	11.0	Y	-
26	1974	GMC	TBHS307	952	53	N	CyRide	Large	19.9	Y	6,324

Fleet Utilization Analysis

Transit System Name: Ames Transit Agency - CyRide

Data Current As Of: 12/30/2006

Please complete the following table using information from your existing fleet.

Click here to proceed to the *Fleet Schedule* tab at the bottom of the screen when finished with this tab.

	Make	Model	Year	Fleet ID #	# of Seats	# of Wheelchair Spaces	Base Location	Assignments	# of Hours Used/Week	Used Evening/Wekend?	Projected Annual Miles
27	2000	ORION	05.501	953	37	2	CyRide	Large	47.6	Y	27,470
28	2000	ORION	05.501	954	37	2	CyRide	Large	57.0	Y	31,633
29	2000	ORION	05.501	955	37	2	CyRide	Large	47.3	Y	35,314
30	2000	ORION	05.501	956	37	2	CyRide	Large	51.7	Y	28,107
31	2000	ORION	05.501	957	37	2	CyRide	Large	52.0	Y	29,545
32	2000	ORION	05.501	958	37	2	CyRide	Large	51.9	Y	33,939
33	2002	SUPREME	E450	960	17	2	CyRide	Mini	31.2	Y	37,712
34	2002	SUPREME	E450	961	17	2	CyRide	Mini	54.6	Y	33,318
35	1990	ORION	05.501	962	47	N	CyRide	Large	21.7	Y	9,952
36	1990	ORION	05.501	954	47	N	CyRide	Large	20.7	Y	9,548
37	1990	ORION	05.501	955	47	N	CyRide	Large	23.0	Y	9,530
38	1990	ORION	05.501	967	47	N	CyRide	Large	23.4	Y	8,902
39	2002	CHEVY	ACTIVAN	968	6	1	CyRide	Mini - vans	38.8	Y	-
40	2005	CHEVY	EVAN	969	6	1	CyRide	Mini - vans	32.5	Y	-
41	2002	ORION	05.501	970	37	2	CyRide	Large	50.4	Y	32,435
42	2002	ORION	05.501	971	37	2	CyRide	Large	46.6	Y	31,100
43	2002	ORION	05.501	972	37	2	CyRide	Large	42.0	Y	34,216
44	2002	ORION	05.501	973	37	2	CyRide	Large	48.1	Y	33,746
45	2002	ORION	05.501	974	37	2	CyRide	Large	47.6	Y	28,952
46	2002	ORION	05.501	975	37	2	CyRide	Large	51.8	Y	33,134
47	2002	ORION	05.501	976	37	2	CyRide	Large	50.8	Y	30,329
48	2002	ORION	05.501	977	37	2	CyRide	Large	40.4	Y	33,849
49	2003	SUPREME	E350	978	13	1	CyRide	Mini	46.8	Y	30,743
50	2003	SUPREME	E380	979	13	1	CyRide	Mini	30.9	Y	31,427
51	1988	ORION	01.508	980	48	N	CyRide	Large	16.1	Y	6,471
52	1988	ORION	01.508	981	48	N	CyRide	Large	17.1	Y	8,353

Fleet Utilization Analysis

Transit System Name: Ames Transit Agency - CyRide

Data Current As Of:

12/30/2006

Please complete the following table using information from your existing fleet.

[Click here to proceed to the Fleet Schedule tab at the bottom of the screen when finished with this tab.](#)

	Make	Model	Year	Fleet ID #	# of Seats	# of Wheelchair Spaces	Base Location	Assignments	# of Hours Used/Week	Used Evening/W/Weekend?	Projected Annual Miles
53	1988	ORION	01.508	982	48	N	CyRide	Large	0.1	Y	7,525
54	1988	ORION	01.508	983	48	N	CyRide	Large	16.7	Y	8,428
55	1988	ORION	01.508	984	48	N	CyRide	Large	17.0	Y	10,082
56	1990	ORION	05.501	985	47	N	CyRide	Large	23.1	Y	9,154
57	1990	ORION	05.501	987	47	N	City	Contingency	0.0	N	-
58	1990	ORION	05.501	960	47	N	CyRide	Large	21.8	Y	11,477
59	1990	ORION	05.501	991	47	N	CyRide	Large	23.2	Y	10,954
60	2005	ORION	05.501	964	37	2	CyRide	Large	46.0	Y	19,962
61	2005	ORION	05.501	965	37	2	CyRide	Large	41.5	Y	24,026
62	2005	ORION	05.501	996	37	2	CyRide	Large	38.8	Y	25,035
63	2005	ORION	05.501	997	37	2	CyRide	Large	43.0	Y	21,525
64	2006	FORD	F-450	999	3	N	CyRide	Support	1.4	Y	-
65	2006	ORION	VII	1	37	2	CyRide	Large	13.3	Y	9,820
66	2006	ORION	VII	2	37	2	CyRide	Large	0.0	Y	8,000
67	2006	ORION	VII	3	37	2	CyRide	Large	9.5	Y	9,295
68	2006	ORION	VII	4	37	2	CyRide	Large	12.1	Y	9,650

Fleet Replacement/Rehabilitation Schedule

Data Current As Of: 6/30/2006

Transit System Name: Ames Transit Agency - Cellular

Equipment Code: L = Wheelchair Lift R = Wheelchair Ramp MR = Mobile Radio F = Farebox

Type of Improvement: REP = Replace REHAB = Rehabilitate

Please complete the following table for any planned replacement or rehabilitation to your existing fleet

[Click here to proceed to the Capital Needs tab when finished with this tab.](#)

	Make	Model	Year	Fleet ID #	Vehicle Equipment	Previously Rehabbed (Yes/No)	Mileage as of 6-30-06	Type of Improvement						
								Scheduled FY 07	Proposed FY 08	Proposed FY 09	Proposed FY 10	Proposed FY 11		
1	1975	C&Eq	FordBus	859		Yes	233,086		REP					
2	1968	GMC	4521	869		Yes	207,016		REP					REP
3	1984	ORION	01.507	890		Yes	465,007		REP					REP
4	1984	ORION	01.507	891		Yes	473,042		REP					REP
5	1985	ORION	01.507	898		Yes	433,376	REP						
6	1987	ORION	01.507	900	L	Yes	606,486							REP
7	1983	ORION	01.506	908		Yes	370,172		REP					
8	1987	ORION	01.507	909	L	Yes	620,602		REP					
9	1987	ORION	01.507	910	L	Yes	609,048		REP					
10	1988	ORION	01.507	912	L	Yes	537,237		REP					
11	1993	GILLIG	35/96	926	L	Yes	470,159		REP					
12	1993	GILLIG	35/96	927	L	Yes	455,132		REP					
13	1996	GILLIG	35/102	933	L	Yes	418,526		REP					
14	1996	GILLIG	35/102	934	L	Yes	419,927		REP					
15	1997	ELDOR	E350	938	L	Yes	186,936			REP				
16	1997	ELDOR	E350	939	L	Yes	191,040			REP				
17	1973	GMC	T8H5307	941			71,913							REP
18	1973	GMC	T8H5307	942			64,762				REP			
19	1973	GMC	T8H5307	943			67,054				REP			
20	1999	GILLIG	40/102 LF	944	R		314,168							REP
21	1999	GILLIG	40/102 LF	945	R		312,268							REP
22	1999	GILLIG	40/102 LF	946	R		304,593							REP
23	1999	GILLIG	40/102 LF	947	R		305,307							REP

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Fleet Replacement/Rehabilitation Schedule

Transit System Name: Ames Transit Agency - Cycle Data Current As Of: 6/30/2006

Equipment Code: L = Wheelchair Lift R = Wheelchair Ramp MR = Mobile Radio F = Farebox

Type of Improvement: REP = Replace REHAB = Rehabilitate

Please complete the following table for any planned replacement or rehabilitation to your existing fleet

[Click here to proceed to the Capital Needs tab when finished with this tab.](#)

	Make	Model	Year	Fleet ID #	Vehicle Equipment	Previously Rehabbed (Yes/No)	Mileage as of 6-30-06	Type of Improvement					
								Scheduled FY 07	Proposed FY 08	Proposed FY 09	Proposed FY 10	Proposed FY 11	
24	1995	ELDOOR	E350	949	L		280,964		REP				
25	1989	DODGE	Truck	950			36,746	REP					
26	1974	GMC	T8H6307	952			58,417						REP
27	2000	ORION	05.501	953	L		178,047						
28	2000	ORION	05.501	954	L		174,388						
29	2000	ORION	05.501	955	L		175,146						
30	2000	ORION	05.501	956	L		180,147						
31	2000	ORION	05.501	957	L		173,173						
32	2000	ORION	05.501	958	L		182,516						
33	2002	SUPREME	E450	960	L		158,575		REP				
34	2002	SUPREME	E450	961	L		146,214		REP				
35	1990	ORION	05.501	962			34,366		REP				
36	1990	ORION	05.501	964			37,207		REP				
37	1990	ORION	05.501	966			39,165		REP				
38	1990	ORION	05.501	967			38,911		REP				
39	2002	CHEVY	ACTIVAN	968	L		68,142		REP				
40	2005	CHEVY	EVAN	969	L		27,995		REP				
41	2002	ORION	05.501	970	L		99,039						REP
42	2002	ORION	05.501	971	L		97,522						
43	2002	ORION	05.501	972	L		96,967						
44	2002	ORION	05.501	973	L		93,633						
45	2002	ORION	05.501	974	L		91,394						
46	2002	ORION	05.501	975	L		89,613						

Fleet Replacement/Rehabilitation Schedule

Transit System Name: Ames Transit Agency - Cycle

Data Current As Of: 6/30/2006

Equipment Codes:	L = Wheelchair Lift	R = Wheelchair Ramp	MR = Mobile Radio	F = Farebox
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Type of Improvement:	REP = Replace	REHAB = Rehabilitate
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Please complete the following table for any planned replacement or rehabilitation to your existing fleet

[Click here to proceed to the Capital Needs tab when finished with this tab.](#)

	Make	Model	Year	Fleet ID #	Vehicle Equipment	Previously Rehabbed (Yes/No)	Mileage as of 6-30-06	Type of Improvement						
								Scheduled FY 07	Proposed FY 08	Proposed FY 09	Proposed FY 10	Proposed FY 11		
47	2002	ORION	05.501	976	L		92,140							
48	2002	ORION	05.501	977	L		92,368							
49	2003	SUPREME	E350	978	L		78,838		REP					
50	2003	SUPREME	E350	979	L		87,357		REP					
51	1988	ORION	01.508	980			530,492	REP						
52	1988	ORION	01.508	981			567,155	REP						
53	1988	ORION	01.508	982			499,859		REP					
54	1988	ORION	01.508	983	L		534,930		REP					
55	1988	ORION	01.508	984	L		414,490			REP				
56	1990	ORION	05.501	985			407,366		REP					
57	1990	ORION	05.501	987			413,349		REP					
58	1990	ORION	05.501	990			435,363		REP					
59	1990	ORION	05.501	991			433,620			REP				
60	2005	ORION	05.501	994	L		20,054							
61	2005	ORION	05.501	995	L		24,171							
62	2005	ORION	05.501	996	L		25,115							
63	2005	ORION	05.501	997	L		21,674							
64	2006	FORD	F-450	999			191							
65	2006	ORION	VII	1	L									
66	2006	ORION	VII	2	L									
67	2006	ORION	VII	3	L									
68	2006	ORION	VII	4	L									
69														

Capital Needs

Transit System Name: Ames Transit Agency - Cr. Bk. Data Current As Of: 6/30/2006

Category: A = Vehicles B = Vehicle Related Equipment C = Non-Vehicle Equipment
 D = Real Property E = Other

Purchase Type: REP = Replace REHAB = Rehabilitate EXP = Expansion

Needs Reference: Fleet ID # of vehicle to be replaced/rehabbed, or name of proposed new service(s) if expansion

Please complete the following table for any planned capital needs

Click here to proceed to the *Provider List* tab when finished with this tab.

Category	Purchase Type	Needs Reference	Vehicles		Equipment, Real Property, & Other	Programmed Cost			
			# of Seats	# of Wheelchair Spaces		Current Year FY 07	FY 08	FY 09	FY 10
1									
2									
3									
4									
5									
6									
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7. Coordination Efforts with Other Transportation Providers and/or Human Service Agencies:

	Name of Provider/Agency	Description of Coordination Effort
1	Ames Community School District	Pupil Transportation
2	CiRide	Extras and Wilkinson Shuttle
3	Iowa State University	Event Transportation
4	Jefferson Lakes	Ames Bus Depot
5	Burlington Trailways	Ames Bus Depot
6	Des Moines School District	Activity Transportation
7	YMCA of Greater Des Moines	Lease Vehicles
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8. What Areas of Transportation Service Coordination Are of Interest to You?
(check all that apply)

- Joining a network of transportation/human service providers to look at coordination
- Centralized scheduling, dispatch, and vehicle tracking
- Contracting to purchase transportation service
- Collaborate in grant writing
- Contracting to provide transportation service
- Consolidating service to a single provider
- Technology for vehicle tracking and ride scheduling
- Centralized fuel purchasing
- Pooling training resources
- Pooling financial resources
- Sharing of vehicles among agencies
- Cooperatively purchasing vehicles
- Other: _____

9. In what ways do you believe your organization can be involved in efforts to coordinate transportation services?

We believe that CIT has a proven track record of private working with public, creating a win-win situation.

10. Please list all projects that have been implemented over the past year that utilized Special Needs (5210), New Freedom (5317), or Job Access Reverse Commute (5316) funding, and their level of success.

Level of Success: A: Successful, will continue if funding available
 B: Not successful, will not continue the project
 C: Unsure

Funding Source	Project	Level of Success

11. Please provide a summary of public comment received from various sources over the last 12 months that deal with positives and negatives of service.

12. The tab of this spreadsheet labeled *Provider List* includes a list of transportation providers in both the MPO and the CIRTPA areas. Please list any other transportation providers that are not included on

Passenger Transportation Provider Fact Sheet

Data Current as of: 12-Dec-06
(date)

1. **Provider Name:** Herriland Senior Services as Contracted by HERTA Public Transit

Transit System Affiliation: Designated Public Transit System
 Contractor to Designated System
 None

Contact Person: Theresa Nevels **Phone:** 515-233-2900
Contact E-mail: hsstransport@gwest.net
Mailing Address: 203 S Walnut
City, Zip: Ames, IA 50010

2. General Description of Transit Operations

a. **Type of Service(s):** Public transit for Story County, Provided ADA service for City of Ames.

b. **Groups Served:** Seniors, disabled, and general public.

c. **Service Area:** Story County

d. Service Hours and Days of Operation

Monday through Friday:	6:00 AM to 12:00 AM (City of Ames only, 6:00 PM
Saturday:	8:00 AM to 12:00 AM (City of Ames only)
Sunday:	9:00 AM to 12:00 AM (City of Ames only)
Holidays:	<u>partial services most holidays, closed Thanksgiving</u>

e. Number of Employees Involved in Transit

	Full Time	Part Time	Volunteers
Administrative	3	2	
Maintenance			
Drivers	0	25	15

f. Union. Are any employees covered under a collective bargaining agreement?

Yes No

Union: _____ Local # _____

g. Receive Public Money? Yes No

3. Fare Structure:

County trips \$5.00 each way

4. Vehicle Fleet

Number of Vehicles: Buses: 13 Vans: 2
 Trucks: Sedans:
 Station Wagons: Other:

Wheelchair Spaces: 37

Number of Vehicles With: Wheelchair Lifts/Ramps: 15
 Two Way Radios/Phones: 15

5. Performance

	Last Year (FY 06) Actual	Current Year (FY 07) Projected
Operating:		
Passengers	65762	66950
Wheelchair Lift Operations Performed		
Revenue Miles	406472	446000
Revenue Hours	25468	30800
Passenger Revenue/Mile	1.03	0.98
Passenger Revenue/Hour	16.36	14.5
Average Daily Passenger Carried	176.1	185
Financial:		
Operating Expenses	782871	826000
Operating Revenues	771468	837816
Capital Expenses		
Cost/Revenue Mile	1.93	1.85
Revenue/Revenue Mile	1.89	1.88
Cost/Passenger Trip	12.28	12.54
Cost/Revenue Hour	30.74	27.53
Revenue/Revenue Hour	30.29	27.93
Average Passenger Fare/Trip	6.53	6.5

6. Shared Facilities with Other Transportation Providers/Human Service Agencies:

	Name of Provider/Agency	Type of Facility
1	Heartland Senior Services	Congregate Meal Site, Activity Center, and Adult Day Care
2		
3		
4		
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10		

7. Coordination Efforts with Other Transportation Providers and/or Human Service Agencies:

	Name of Provider/Agency	Description of Coordination Effort
1		
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8. What Areas of Transportation Service Coordination Are of Interest to You?
(check all that apply)

- Joining a network of transportation/human service providers to look at coordination
- Centralized scheduling, dispatch, and vehicle tracking
- Contracting to purchase transportation service
- Collaborate in grant writing
- Contracting to provide transportation service
- Consolidating service to a single provider
- Technology for vehicle tracking and ride scheduling
- Centralized fuel purchasing
- Pooling training resources
- Pooling financial resources
- Sharing of vehicles among agencies
- Cooperatively purchasing vehicles
- Other: _____

9. In what ways do you believe your organization can be involved in efforts to coordinate transportation services?

10. Please list all projects that have been implemented over the past year that utilized Special Needs (5310), New Freedom (5317), or Job Access Reverse Commute (5316) funding, and their level of success.

Level of Success:

- A: Successful, will continue if funding available
- B: Not successful, will not continue the project
- C: Unsure

Funding Source	Project	Level of Success

11. Please provide a summary of public comment received from various sources over the last 12 months that deal with positives and negatives of service.

ASSET surveys issued in spring, 300 surveys returned, most comments were positive about the service. Most passengers felt bus was timely, drivers were friendly, biggest issue is wait time to get to talk to someone in transportation office during peak hours of day.

12. The tab of this spreadsheet labeled *Provider List* includes a list of transportation providers in the Ames MPO areas. Please list any other transportation providers that are not included on this list so that they too can complete these forms.
(Provide this information in the *Provider List* tab)

[Click here to proceed to the *Fleet Analysis* tab when finished with this tab.](#)

Fleet Utilization Analysis

Transit System Name: Hennland Senior Services

Data Current As Of: 12/12/2006

Please complete the following table using information from your existing fleet.

[Click here to proceed to the Fleet Schedule tab at the bottom of the screen when finished with this tab.](#)

	Make	Model	Year	Fleet ID #	# of Seats	# of Wheelchair Spaces	Base Location	Assignments	# of Hours Used/Week	Used Evening/Wk eekend?	Projected Annual Miles
1	Ford	Goshen	1988	7632	15	4	Ames	public transit	55	yes	41644
2	Ford	Supreme	1993	7621	17	2	Ames	public transit	21	no	19392
3	Ford	Collins	1997	7627	20	2	Ames	public transit	16	no	11844
4	Ford	Supreme	1993	7620	17	2	Ames	public transit	17	no	13548
5	Chevy	Enter	2004	7638	5	1	Ames	public transit	33	no	36756
6	Chevy	Venture	1998	7631	5	1	Ames	public transit	11	no	14940
7	Ford	Champion	2003	7634	18	2	Ames	public transit	19	yes	33168
8	Ford	Goshen	1998	7633	15	4	Ames	public transit	42	yes	33168
9	Ford	Collins	1996	7628	20	2	Ames	public transit	56	yes	40200
10	Ford	Collins	1997	7629	20	2	Ames	public transit	33	no	25932
11	Ford	Supreme	1988	7630	12	1	Ames	public transit	40	no	36744
12	Ford	Goshen	2004	7635	18	4	Ames	public transit	36	yes	26688
13	Ford	Goshen	2004	7636	18	4	Ames	public transit	53	yes	38580
14	Ford	Goshen	2004	7637	18	4	Ames	public transit	70	yes	26688
15	Ford	Goshen	2005	7639	16	2	Ames	public transit	57	yes	45444
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											

Fleet Replacement/Rehabilitation Schedule

Transit System Name: HRTA for Highland Senior Services

Data Current As Of: 3/5/2007

Equipment Codes: L = Wheelchair Lift R = Wheelchair Ramp MR = Mobile Radio F = Farebox

Type of Improvement: REP = Replace REHAB = Rehabilitate

Please complete the following table for any planned replacement or rehabilitation to your existing fleet

[Click here to proceed to the Capital Needs tab when finished with this tab.](#)

	Make	Model	Year	Fleet ID #	Vehicle Equipment	Previously Rehabbed (Yes/No)	Mileage as of 6-30-06	Type of Improvement					
								Scheduled FY 07	Proposed FY 08	Proposed FY 09	Proposed FY 10	Proposed FY 11	
1	Ford	Goshen	1998	7632	L, MR	No	216128		REP				
2	Ford	Supreme	1993	7621	L, MR	No	257611						
3	Ford	Collins	1997	7627	L, MR	No	183026		REP				
4	Ford	Supreme	1993	7620	L, MR	No	241806						
5	Chevy	Enter	2004	7638	R, MR	No	4249				REP		
6	Chevy	Venture	1998	7631	R, MR	No	158382		REP				
7	Ford	Champion	2003	7634	L, MR	No	83468				REP		
8	Ford	Goshen	1998	7633	L, MR	No	216469		REP				
9	Ford	Collins	1996	7628	L, MR	No	171565		REP				
10	Ford	Collins	1997	7629	L, MR	No	170443		REP				
11	Ford	Supreme	1998	7630	L, MR	No	214491		REP				
12	Ford	Goshen	2004	7635	L, MR	No	40428					REP	
13	Ford	Goshen	2004	7636	L, MR	No	44612					REP	
14	Ford	Goshen	2004	7637	L, MR	No	48631					REP	
15	Ford	Goshen	2005	7639	L, MR	No	6307					REP	
16													
17													
18													
19													
20													
21													
22													
23													

Capital Needs

Transit System Name: HBKTA for Heartland Senior Services

Data Current As Of: 3/5/2007

Category: **A = Vehicles** **B = Vehicle Related Equipment** **C = Non-Vehicle Equipment**
 D = Real Property **E = Other**

Purchase Type: **REP = Replace** **REHAB = Rehabilitate** **EXP = Expansion**

Needs Reference: Fleet ID # of vehicle to be replaced/rehabbed, or name of proposed new service(s) if expansion

Please complete the following table for any planned capital needs

Click here to proceed to the *Prosidor List* tab when finished with this tab.

	Category	Purchase Type	Needs Reference	Vehicles		Equipment, Real Property, & Other	Programmed Cost			
				# of Seats	# of Wheelchair Spaces		Current Year FY 07	FY 08	FY 09	FY 10
1	A	EXP		18	2	176" LD ADA Diesel Bus		73,000		
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

To arrange transportation with us:

Call: (515) 233-2906

Website: heartland seniorservices.com



When calling please let us know:

- Appointment date
- Appointment time
- Pick-up location
- Destination
- Assistance needs

Fares

Public Rides: \$5.00 each way

Congregate Meal: \$1.00 suggested donation

Grocery Shopping: \$1.50 suggested donation

AGING
RESOURCES
of Central Iowa



“Come ride with us!”



Public Transportation is available to the general public. Handicapped accessible door-to-door services tailored to your individual needs.

Dial-a-Ride services for ADA eligible riders provide door-to-door services within the Ames city limits. Accommodating each individual's day-to-day transportation and assistance needs



Handicapped accessible door-to-door services for Seniors. Discounts for congregate meal and grocery trips.

Limited Out-of-County rides available from volunteer drivers for only the cost of mileage.



HEARTLAND

Senior Services

205 South Walnut Avenue, Ames IA 50010
(515) 233-2906

HEARTLAND

Transportation Services

RSVP

In partnership with
Retired and Senior Volunteer Program



United Way of Story County



Recipient of Federal and State Transit monies through
Heart of Iowa Regional Transit Agency

Volunteer Driver Opportunity



"Come Ride With Us"

Heartland Transportation Volunteer Drivers

This brochure provides information about the Heartland Senior Services Volunteer Driver Program, the requirements for volunteer drivers, and the process of becoming a HSS volunteer driver.

Purpose of the Volunteer Driver Program

To assist our community members in maintaining their desired quality of life by providing accessible and affordable transportation.

The Volunteer Driver's Role

The volunteer driver will transport individuals in a safe and effective manner as dispatched by Heartland Senior Services transportation department. The transportation is provided in the volunteer driver's personal vehicle.

Volunteer Driver Requirements

1. Acceptable Motor Vehicle Record
2. Acceptable proof of insurance
3. Letter of acceptable coverage from volunteer insurance company
4. Clean Dependant Adult Abuse check
5. Maintain confidentiality of persons using service
6. Obey all traffic laws

Benefits to Volunteer Drivers

You can assist your community members in maintaining healthy lives and make a positive investment in your community. While you are supporting your community by volunteering, you can even complete your own errands.

Benefits to Your Community

Volunteer drivers make transportation more affordable and accessible to fellow community members. This allows them to seek appropriate health care and have opportunities be a part of the community.

A reduced fare that is based on monthly income is available to make transportation services available to all members of the community.

The Volunteer Driver Program encourages more community members to become involved in the life and health of the community.

Becoming a Volunteer Driver

If you are interested in becoming a volunteer driver call our office at: **515-233-2906**.

The volunteer driver training process involves filling out a simple application, completing an orientation process with one of our staff, and taking a new driver training program.

HEARTLAND

Senior Services

205 South Walnut Avenue, Ames IA 50010
(515) 233-2906

In partnership with
Retired and Senior Volunteer Program

RSVP



United Way of Slayey County



Recipient of Federal and State Transit monies through
Heart of Iowa Regional Transit Agency

HEARTLAND

Transportation Services



Volunteer Driver Program
Basic Information

Heartland Transportation Volunteer Driver Program

This brochure provides information about what services the Volunteer Driver program provides, who is eligible to use the service, and how to arrange a ride using this service.

Purpose of the Volunteer Driver program

To assist our community members in maintaining their desired quality of life by providing accessible and affordable transportation.

Description of Volunteer Driver Program

The Volunteer Driver Program has been developed to meet the transportation needs of rural Story County.

The program uses volunteers from each community to assist fellow community members in receiving the transportation services they desire and need. That need can be as simple as going to the grocery store or medical appointments.

All of our volunteers are prescreened to meet MVR and insurance requirements. They also complete an extensive orientation before beginning to provide rides. All rides are dispatched from Heartland Senior Services Public Transit department.

Rider Eligibility Guidelines

1. Passengers must be able to navigate on their own
2. No individuals using wheelchairs
3. In town trips qualify
4. Out of town and out of county trips qualify
5. Rides must be for 2 or fewer passengers
6. A parent or guardian must accompany all children under the age of 18
7. Passengers must provide appropriate car booster seats for young children
8. There are no income requirements

How to Schedule a Ride

To arrange for a ride call us at:
515-233-2906.

All rides will be scheduled through Heartland Senior Services transit. We will contact a volunteer driver and give the passenger a return call to confirm the ride.

Cost of Rides

In town trips: \$1.50 each way
Out of town trips: \$0.39 per mile
Out of county trips: \$0.39 per mile
A reduced fare is available based on monthly income

Passenger Transportation Provider Fact Sheet

Data Current as of 12/16/06
(date)

1. Provider Name: Farley's Limousine Service

Transit System Affiliation: Designated Public Transit System
 Contractor to Designated System
 None

Contact Person: Timothy F Farley Phone: 515-298-2419
 Contact E-mail: Fax 515-433-2184
 Mailing Address: 1061 Lamb Lane
 City, Zip: Boone, Iowa 50036

2. General Description of Transit Operations

a. Type of Service(s): Limousine Ser.

b. Groups Served: 12-14 Pass

c. Service Area: All over the State

d. Service Hours and Days of Operation

Monday through Friday: 24 hours A Day
 Saturday: _____
 Sunday: _____
 Holidays: _____

e. Number of Employees Involved in Transit

	Full Time	Part Time	Volunteers
Administrative	1		
Maintenance	1		
Drivers	2	2	

f. Union: Are any employees covered under a collective bargaining agreement?

Yes No

Union: _____ Local #: _____

g. Receive Public Money?

Yes No

3. Fare Structure:

\$50.00 to \$125.00 Per hour

4. Vehicle Fleet

Number of Vehicles:

Buses:
 Trucks:
 Station Wagons:

Vans:
 Sedans:
 Other: 4 MD

Wheelchair Spaces: NO

Number of Vehicles With:

Wheelchair Lifts/Ramps: None
 Two Way Radios/Phones: 515-298-2419

5. Performance

Last Year (FY 06)
Actual

Current Year (FY 07)
Projected

Operating:

	Last Year (FY 06) Actual	Current Year (FY 07) Projected
Passengers		
Wheelchair Lift Operations Performed		
Revenue Miles		
Revenue Hours		
Passenger Revenue/Mile		
Passenger Revenue/Hour		
Average Daily Passenger Carried		

Financial:

	Last Year (FY 06) Actual	Current Year (FY 07) Projected
Operating Expenses		
Operating Revenues		
Capital Expenses		
Cost/Revenue Mile		
Revenue/Revenue Mile		
Cost/Passenger Trip		
Cost/Revenue Hour		
Revenue/Revenue Hour		
Average Passenger Fare/Trip		

6. Shared Facilities with Other Transportation Providers/Human Service Agencies:

	Name of Provider/Agency	Type of Facility
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

7. Coordination Efforts with Other Transportation Providers and/or Human Service Agencies:

	Name of Provider/Agency	Description of Coordination Effort
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		

8. What Areas of Transportation Service Coordination Are of Interest to You?
(check all that apply)

- Joining a network of transportation/human service providers to look at coordination
- Centralized scheduling, dispatch, and vehicle tracking
- Contracting to purchase transportation service
- Collaborate in grant writing
- Contracting to provide transportation service
- Consolidating service to a single provider
- Technology for vehicle tracking and ride scheduling
- Centralized fuel purchasing
- Pooling training resources
- Pooling financial resources
- Sharing of vehicles among agencies
- Cooperatively purchasing vehicles
- Other: Limo Service

9. In what ways do you believe your organization can be involved in efforts to coordinate transportation services?

Limo Service

10. Please list all projects that have been implemented over the past year that utilized Special Needs (5310), New Freedom (5317), or Job Access Reverse Commute (5316) funding, and their level of success.

Level of Success: A: Successful, will continue if funding available
 B: Not successful, will not continue the project
 C: Unsure

Funding Source	Project	Level of Success

Note

11. Please provide a summary of public comment received from various sources over the last 12 months that deal with positives and negatives of service.

12. The tab of this spreadsheet labeled *Provider List* includes a list of transportation providers in the Ames MPO areas. Please list any other transportation providers that are not included on this list so that they too can complete these forms.
 (Provide this information in the *Provider List* tab)

[Click here to proceed to the Fleet Analysis tab when finished with this tab.](#)

Fleet Utilization Analysis

Transit System Name: Fairfax Lime Service

Date Current As Of: _____

Please complete the following table using information from your existing fleet.
 Click here to proceed to the *Fleet Schedule* tab at the bottom of the screen when finished with this tab.

	Make	Model	Year	Fleet ID #	# of Seats	# of Wheelchair Spaces	Base Location	Assignments	# of Hours Used/Week	Used Evening/Weekend	Projected Annual Miles
1	2000	Lincoln									
2	Lincoln	Town Car	2000		12-14	NO	Boone IA				
3		19011									
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											

Fleet Replacement/Rehabilitation Schedule

Transit System Name: _____

Date Current As Of: _____

Equipment Code: L = Wheelchair Lift R = Wheelchair Ramp MR = Mobile Radio F = Faxbox

Type of Improvement: REP = Replace REHAB = Rehabilitate

Please complete the following table for any planned replacement or rehabilitation to your existing fleet.

Click here to proceed to the *Capital Needs* tab when finished with this tab.

	Make	Model	Year	Fleet ID #	Vehicle Equipment	Previously Rehabbed (Yes/No)	Mileage as of 6-30-06	Types of Improvement						
								Scheduled FY 07	Proposed FY 08	Proposed FY 09	Proposed FY 10	Proposed FY 11		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														

Capital Needs

Transit System Name: _____ Data Current As Of: _____

Category: A = Vehicles B = Vehicle-Related Equipment C = Non-Vehiclsle Equipment
 D = Real Property E = Other

Purchase Type: REP = Replace REHAB = Rehabilitate EXP = Expansion

Needs Reference: Fleet ID/# of vehicle to be replaced/rehabbed, or name of proposed new service(s) if expansion

Please complete the following table for any planned capital needs

Click here to proceed to the *Proposer List* tab when finished with this tab.

Category	Purchase Type	Needs Reference	Vehicle		Equipment, Real Property, & Other	Current Year FY 07	FY 08	FY 09	FY 10
			# of Seats	# of Wheelchair Spaces					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Appendix C. Human Service Provider Survey Distribution Listing

The human service agencies below were mailed a survey and requested to fill out information regarding transportation they provide and need for their organization. The agencies identified in yellow actually filled out survey responses and are provided within Appendix D.

<i>Human Service Agencies</i>	<i>Contact (First Name)</i>	<i>Contact (Last Name)</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Access-Assault Care Center Extending Shelter & Support			PO Box 1429	Ames	IA	50014
American Red Cross			426 5th St.	Ames	IA	50010
Ames/ISU Bike Commission	Ron	Skrdia	2933 Monroe Drive	Ames	IA	50010
Arc of Story County			430 5th St.	Ames	IA	50010
Center - Mid-Iowa Health	Toni	Shropshire	1111 Duff Avenue	Ames	IA	50010
Center for Creative Justice (CCJ)			210 Lynn Ave	Ames	IA	50010
CPC Administrator	Deb	Schidroth	126 S. Kellogg, Suite 201	Ames	IA	50010
Emergency Residence Project			225 S. Kellogg Ave.	Ames	IA	50010
Family Counseling Center			420 Kellogg Ave.	Ames	IA	50010
Friends of Central Iowa Biking	Dennis	Jones	4211 Stone Brooke Road	Ames	IA	50010
Friendship Ark Inc.			130 Sheldon Ave.	Ames	IA	50014
Good Neighbor Emergency Assistance Inc.			422 5th St.	Ames	IA	50010
Goodwill Store			3718 Lincoln Way	Ames	IA	50014
Green Hills Health Care Center			2200 Hamilton Drive	Ames	IA	50014
Habitat For Humanity of Central Iowa			401 Clark Ave.	Ames	IA	50010
Heartland Senior Services	Theresa	Nevels	205 S. Walnut	Ames	IA	50010
Homeward	Eileen	Mullan	1114 Duff Avenue	Ames	IA	50010
Life Program	Gayla	Harken	104 South Hazel	Ames	IA	50010
Lutheran Services in Iowa			1323 Northwestern Ave.	Ames	IA	50010
Lutheran Services in Iowa			217 6th St.	Ames	IA	50010
Mainstream Living Services	Pat	Steele	2012 East 13th Street	Ames	IA	50010
Mary Greeley Medical Center	Toni	Shropshire	1111 Duff Avenue	Ames	IA	50010
Mid-Iowa Community Action			126 S. Kellogg Ave.	Ames	IA	50010
Northcrest Health Care Center			1801 20th Street	Ames	IA	50010
Pathways			420 Kellogg Ave.	Ames	IA	50010
Planned Parenthood of Greater Iowa			2530 Chamberlain St.	Ames	IA	50014

<i>Human Service Agencies (continued)</i>	<i>Contact (First Name)</i>	<i>Contact (Last Name)</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Retired Senior Volunteer Program			113 Colorado Ave.	Ames	IA	50014
Riverside Manor			1204 S. Fourth Street	Ames	IA	50010
Rose McCay Healthy Futures			420 Kellogg Ave.	Ames	IA	50010
Salvation Army			207 S. Duff Ave.	Ames	IA	50010
Story County Commission of Veteran Administration	Brett	McLain	126 S. Kellogg, Suite 201	Ames	IA	50010
Story County Community Land Trust			130 Sheldon Ave.	Ames	IA	50014
Story County Community Life Program	Arllys	Chitty	104 S. Hazel St.	Ames	IA	50010
Story County Empowerment	Heather	Stephenson	126 S. Kellogg, Suite 101	Ames	IA	50010
Story County Human Services			126 Kellogg Ave.	Ames	IA	50010
The Abington on Grand			3440 Grand Ave.	Ames	IA	50010
United Way of Story County			315 Clark Ave.	Ames	IA	50010
Volunteer Center of Story County			130 Sheldon Ave.	Ames	IA	50014
YMCA - Alumni Hall			Iowa State University #15	Ames	IA	50011
YMCA Campus	Rubie	Luke	109 Lab of Mechanics	Ames	IA	50011
Youth & Shelter Services Inc.	George	Belitsos	420 Kellogg Ave.	Ames	IA	50010
Youth Recovery House			804 Kellogg Ave.	Ames	IA	50010
Zuerner Frederica LISW			208 5th St.	Ames	IA	50010

Appendix D. Human Service Provider Surveys

76

12/21

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Date Current As Of: 12/1/06

Agency Name: American Red Cross
 Agency Abbreviation or Acronym: _____
 Contact Person: Doulo Yetman Title: Exec. Director
 Mailing Address: 426 5th STREET
AMES, IA 50010
 Street Address (if different): _____
 Telephone: 515-232-5104 Fax: 515-232-5675
 E-mail: Chapter@lincolnrwayare.org Web Site: www.lincolnrwayare.org

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Congregate Nutrition | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Senior Care |
| <input checked="" type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Placement | <input checked="" type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Welfare/Food Stamps |
| <input type="checkbox"/> Medical/Dental | <input checked="" type="checkbox"/> Other: <u>DISASTER ASSISTANCE / RESPONSE</u> |

3. Do you provide services to clients in more than one location?

- Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

WE SERVE STORY, BOONE & GREENE COUNTIES

Agency Name: _____

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

5. Does your agency have eligibility requirements for clients to use your services?

- Yes
- No

If Yes, please check all that apply:

- Age- please specify _____
- Disability- please specify _____
- Income- please specify _____
- Other- please specify _____

6. How many persons make up your total client database?

300 Clients/Volunteers

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

less than 5

7. During an average week, how many people visit your agency to seek service?

less than 5

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system
(please specify): CY-RIDE
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other- please specify _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes
- No

Agency Name: _____

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.
- No sufficient transportation services are available
 - Transportation providers are too costly
 - Transportation services do not operate at the same hours as human service agencies
 - Transportation services do not serve locations where agencies are located
 - Transportation providers only want to serve their own clients
 - Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

**Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014**

No

1/22/06

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Data Current As Of: Dec 6, 2006

Agency Name: Center for Creative Justice
 Agency Abbreviation or Acronym: CCJ
 Contact Person: Mark Kubik Title: Executive Director
 Mailing Address: 210 Lyon Ave.
Ames IA 50014
 Street Address (if different): _____
 Telephone: (515) 292-3820 Fax: (515) 292-1223
 E-mail: ccj@creativejustice.org Web Site: www.creativejustice.org

Agency Information

This section requests information about your organization and the types of services provided to your clients.

1. Which of the following best describes your agency?
 Private, non-profit Private, for-profit
 Public Other: _____
2. Which service does your agency provide? (Please check all that apply)
 Adult Day Care Mental Health
 Child Day Care Recreational/Social
 Chore Services Rehabilitation
 Congregate Nutrition Residential Care
 Counseling Senior Care
 Education/Training Sheltered Employment
 Head Start Supported Employment
 Home-Delivered Meals Transportation
 Job Placement Volunteer Opportunities
 Medicaid Welfare/Food Stamps
 Medical/Dental Other: Adult Protection, Dispute Resolution
3. Do you provide services to clients in more than one location?
 Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

None

Agency Name: Center for Justice

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

N/A

5. Does your agency have eligibility requirements for clients to use your services?

- Yes
- No

If Yes, please check all that apply:

- Age- please specify _____
- Disability- please specify _____
- Income- please specify _____
- Other- please specify _____

6. How many persons make up your total client database?

961

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

Approx. 1/3

7. During an average week, how many people visit your agency to seek service?

18-20

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system (please specify): Cy Ride
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other- please specify work

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes
- No

Agency Name: CCS

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.
- No sufficient transportation services are available
 - Transportation providers are too costly
 - Transportation services do not operate at the same hours as human service agencies
 - Transportation services do not serve locations where agencies are located
 - Transportation providers only want to serve their own clients
 - Other (please specify) N/A

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner

CyRide

1700 W. 6th Street

Ames, IA 50014

72

Reser
1/31

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Data Current As Of _____

Agency Name: Friendship Ark Homes

Agency Abbreviation or Acronym: _____

Contact Person: Mary Beth Oostenbrug Title: Executive Director

Mailing Address: 130 S Shiloh Ave., Ames, 50014

Street Address (if different): Same

Telephone: 292 9556 Fax: 268-5897

E-mail: marybeth@friendshipark.org Web Site: friendshipark.org

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit
- Private, for-profit
- Public
- Other: _____

2. Which service does your agency provide? (Please check all that apply)

- Adult Day Care
- Child Day Care
- Chiropractic Services
- Congregate Nutrition
- Counseling
- Education/Training
- Head Start
- Home-Delivered Meals
- Job Placement
- Medicaid
- Medical/Dental
- Mental Health
- Recreational/Social
- Rehabilitation
- Residential Care
- Senior Care
- Sheltered Employment
- Supported Employment
- Transportation
- Volunteer Opportunities
- Welfare/Food Stamps
- Other: _____

3. Do you provide services to clients in more than one location?

- Yes
- No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

N/A

Agency Name: Friendship Ark Homes

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

5. Does your agency have eligibility requirements for clients to use your services?

- Yes No

If Yes, please check all that apply:

- Age- please specify
- Disability- please specify
- Income- please specify
- Other- please specify

MR Waiver qualified

6. How many persons make up your total client database?

15

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

15

7. During an average week, how many people visit your agency to seek service?

N/A

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system
(please specify): Cy-Ride
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): NIRTA
- Other- please specify _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes No not public transportation

Agency Name: Friendship Aids Homes

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate at the same hours as human service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

Cy-Ride does not run to all of our homes.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

**Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014**

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Data Current As Of: 12-5-06

Agency Name: Good Neighbor Emergency Assistance, Inc.
Agency Abbreviation or Acronym: Good Neighbor
Contact Person: Sieglinde Prier Title: Director
Mailing Address: 508 Kellogg Ave
Ames, IA 50010
Street Address (if different): _____
Telephone: 515-296-1449 Fax: no
E-mail: gneainc@gmail.com Web Site: no

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Congregate Nutrition | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Placement | <input checked="" type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Medicaid | <input checked="" type="checkbox"/> Welfare/Food Stamps |
| <input type="checkbox"/> Medical/Dental | <input checked="" type="checkbox"/> Other: <u>emergency assistance</u>
<u>rent, utilities, food</u> |

3. Do you provide services to clients in more than one location?

- Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Just Story County

Agency Name: Good Neighbor

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

5. Does your agency have eligibility requirements for clients to use your services?

- Yes
- No

If Yes, please check all that apply:

- Age- please specify _____
- Disability- please specify _____
- Income- please specify _____
- Other- please specify _____

6. How many persons make up your total client database?

~ 4000 actual applicants + their families

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

~ 1,330

7. During an average week, how many people visit your agency to seek service?

20-30

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends

Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?) Sometimes we offer Cy-Ride

- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients

Public transportation system (please specify): Cy-Ride, Heart of IA Reg. Transport

- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other- please specify _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other

Weekdays 9:00am - 12:00 noon

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes
- No

Agency Name: _____

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate at the same hours as human service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

Our agency works in the low income of Story Co. There is a huge transportation problem in Ames & surrounding communities. People from Ames have a hard time accessing health care because McFarland Clinic turns people away - so they must go to Nevada Med Clinic. There is no bus service to the major factory section of town - great hardship.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes - interested
- No - not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner

CyRide

1700 W. 6th Street

Ames, IA 50014

No

1/3/07 email

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Date Current As Of: 12/11/06

Agency Name: Habitat for Humanity of Central Iowa
 Agency Abbreviation or Acronym: HFHCI
 Contact Person: Stacy Dreyer Title: Executive Director
 Mailing Address: 401 Clark Ave. Ste 100
Ames, IA 50010
 Street Address (if different): same
 Telephone: 515-232-8815 Fax: 515-233-2650
 E-mail: director@hfhci.org Web Site: www.hfhci.org

Agency Information

This section requests information about your organization and the types of services provided to your clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Congregate Nutrition | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Welfare/Food Stamps |
| <input type="checkbox"/> Medical/Dental | <input checked="" type="checkbox"/> Other: <u>Affordable housing</u> |

3. Do you provide services to clients in more than one location?

- Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Webster City - Hamilton County
Eldora - Hardin County

May build in other cities in these counties in the future.

Agency Name: HFHCI

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

Webster City > not limited to these cities just where we have built to date
Eldora

5. Does your agency have eligibility requirements for clients to use your services?

- Yes
- No

If Yes, please check all that apply:

- Age- please specify _____
- Disability- please specify _____
- Income- please specify _____
- Other- please specify willingness to partner

6. How many persons make up your total client database?

105 members in Partner Families we have assisted

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

unknown

7. During an average week, how many people visit your agency to seek service? _____

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system (please specify): _____
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other- please specify Walk

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other Weekdays 9-3

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes
- No

Agency Name: HFHCF

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.
- No sufficient transportation services are available
 - Transportation providers are too costly
 - Transportation services do not operate at the same hours as human service agencies
 - Transportation services do not serve locations where agencies are located
 - Transportation providers only want to serve their own clients
 - Other (please specify) unknown

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner

CyRide

1700 W. 6th Street

Ames, IA 50014

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Data Current As Of: 13-Dec-06

Agency Name: Heartland Senior Services
Agency Abbreviation or Acronym: HSS
Contact Person: Theresa Nevels Title: Transportation Director
Mailing Address: 205 S Walnut
Ames, IA 50010
Street Address
(if different)
Telephone: 515-233-2906 Fax: 515-233-6986
E-mail: hsstransport@qwest.net Web Site: www.heartland seniorservices.com

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Day Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input checked="" type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Rehabilitation |
| <input checked="" type="checkbox"/> Congregate Nutrition | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Counseling | <input checked="" type="checkbox"/> Senior Care |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Supported Employment |
| <input checked="" type="checkbox"/> Home-Delivered Meals | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Placement | <input checked="" type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Welfare/Food Stamps |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Other: _____ |

3. Do you provide services to clients in more than one location?

- Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Agency Name: Heartland Senior Services

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

5. Does your agency have eligibility requirements for clients to use your services?

- Yes No

If Yes, please check all that apply:

- Age- please specify _____
- Disability- please specify _____
- Income- please specify _____
- Other- please specify _____

6. How many persons make up your total client database?

5145

Of your total client database, how many clients do you estimate are unable to drive themselves to your services? _____

500

7. During an average week, how many people visit your agency to seek service?

500

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system
(please specify): HURVA Public Transit operated by Heartland Senior Services
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other- please specify _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes No

Agency Name: Heartland Senior Services

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate at the same hours as human service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

Transportation to rural meal sites for meals and activities, transportation for individuals needing to accessing Adult Day Services from out of Story County, Out of service hours transportation for agency special events (ex. Variety Show)

13. Please describe other transportation needs in your service area that you feel need to be addressed.

Accessibility of transportatin in Rural Story County, Rural Story County Preschool transportation,

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

**Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014**

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Date Current As Of: 12.11.2006

Agency Name: HOMEWARD Home health & Public Health
 Agency Abbreviation or Acronym: _____
 Contact Person: Veronica Holloway Title: Public Health Nurse
 Mailing Address: 1114 Duff Ave. Ames IA - 50014
 Street Address (if different): _____
 Telephone: 515-239-6730 Fax: 515-233-7556
 E-mail: holloway@mqmc.com Web Site: _____

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit
- Private, for-profit
- Public
- Other: _____

2. Which service does your agency provide? (Please check all that apply)

- Adult Day Care
- Child Day Care
- Chore Services
- Congregate Nutrition
- Counseling
- Education/Training
- Head Start
- Home-Delivered Meals
- Job Placement
- Medicaid
- Medical/Dental
- Mental Health
- Recreational/Social
- Rehabilitation ?
- Residential Care
- Senior Care
- Sheltered Employment
- Supported Employment
- Transportation
- Volunteer Opportunities
- Welfare/Food Stamps
- Other: _____

3. Do you provide services to clients in more than one location?

- Yes
- No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Home health care services provided in a 30 miles radius of Ames & include the above counties
The Public Health Services only involves Story County Health care services only within Ames City limits

Agency Name: HOMeward

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

Home health services within 50 miles radius. Staff drives to the clients homes.

5. Does your agency have eligibility requirements for clients to use your services?

- Yes
- No

If Yes, please check all that apply:

- Age - please specify
- Disability - please specify
- Income - please specify
- Other - please specify

Senior health clinics > 65 years (Public Health) generally homebound -> For skilled nursing & physical therapy, home health and sliding scale for nursing, physical therapy, home health if private pay.

6. How many persons make up your total client database?

< 6500

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

Approx 20

7. During an average week, how many people visit your agency to seek service?

< 200,00

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify):
- Car pool with other clients
- Public transportation system (please specify): Cy-Ride buses
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify):
- Other - please specify

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m. Pu
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes
- No

Agency Name: HOMECARE

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- None*
- No sufficient transportation services are available
 - Transportation providers are too costly
 - Transportation services do not operate at the same hours as human service agencies
 - Transportation services do not serve locations where agencies are located
 - Transportation providers only want to serve their own clients
 - Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

We have not encountered any unmet needs re: transportation. Our clients appear satisfied with transportation to our different clinic sites throughout Story County.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes - interested
- No - not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow CyRide to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Date Current As Of 12-4-06

Agency Name: Lutheran Services in Iowa
 Agency Abbreviation or Acronym: LSI
 Contact Person: Kate Stewart Title: Service Coordinator
 Mailing Address: 1323 Northwestern Ave.
Ames, IA 50010
 Street Address (if different): —
 Telephone: 515-232-7262 Fax: 515-232-7416
 E-mail: Kathryn.Stewart@lsia.org Web Site: www.lsiowa.org

Agency Information

This section requests information about your organization and the types of services provided to your clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Adult Day Care | <input checked="" type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input checked="" type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input checked="" type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Congregate Nutrition | <input checked="" type="checkbox"/> Residential Care |
| <input type="checkbox"/> Counseling | <input checked="" type="checkbox"/> Senior Care |
| <input checked="" type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Volunteer Opportunities |
| <input checked="" type="checkbox"/> Medicaid | <input type="checkbox"/> Welfare/Food Stamps |
| <input type="checkbox"/> Medical/Dental | <input checked="" type="checkbox"/> Other: <u>Crisis Care, prevention</u>
<u>Foster care/adaptation</u> |

3. Do you provide services to clients in more than one location?

- Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

LSI serves all of those counties listed above. LSI does not have an "official" office in each of those counties, but LSI does have staff serve clients in all of those counties.

Polk Co. - LSI Des Moines Center
3116 University Ave.
Des Moines, IA 50311

Agency Name: Lutheran Services in Iowa (LSI)

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

Service all cities in every county.

5. Does your agency have eligibility requirements for clients to use your services?

- Yes
- No

Depends on program/service/grant funding

If Yes, please check all that apply:

- Age- please specify _____
- Disability- please specify _____
- Income- please specify _____
- Other- please specify _____

6. How many persons make up your total client database?

For those 7 counties over 1,000

Of your total client database, how many clients do you estimate are unable to drive themselves to your services? hundreds

7. During an average week, how many people visit your agency to seek service?

majority of LSI Service is done in consumers home or out in the community not at "LSI office"

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system (please specify): Cy-Ride, Des Moines Metro
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): Heartland in Ames
- Other- please specify _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes
- No

Agency Name: Lutheran Services in Iowa (LSI)

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate at the same hours as human service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

- . routes out to Dayton Rd. area
- . more often in the evening & on weekends.
- . Lower cost for consumers

13. Please describe other transportation needs in your service area that you feel need to be addressed.

As an advocate for our consumers, we often hear for the Ames area that bus service does not run when needed - odd hrs. (evenings/weekends) when they need to get to work or appointments. For consumers in the rural areas it is expensive to access transportation to get to appointments in Ames.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014

Please complete survey by December 20, 2006

1/3/06

Client Transportation Service Needs Assessment Survey

Data Current As Of: 12-19-06

Agency Name: Mainstream Living Employment & Learning Center
 Agency Abbreviation or Acronym: ME LC
 Contact Person: Pat Steele Title: Dir. Voc. Services
 Mailing Address: P.O. Box 1608
Ames Ia 50010
 Street Address (if different): 1200 McCormick
 Telephone: 515-232-3591 Fax: _____
 E-mail: _____ Web Site: _____

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit
- Private, for-profit
- Public
- Other: _____

2. Which service does your agency provide? (Please check all that apply)

- Adult Day Care
- Child Day Care
- Chore Services
- Congregate Nutrition
- Counseling
- Education/Training
- Head Start
- Home-Delivered Meals
- Job Placement
- Medicaid
- Medical/Dental
- Mental Health
- Recreational/Social
- Rehabilitation
- Residential Care
- Senior Care
- Sheltered Employment
- Supported Employment
- Transportation
- Volunteer Opportunities
- Welfare/Food Stamps
- Other: Day Services for Developmentally Disabled Adults

3. Do you provide services to clients in more than one location?

- Yes
- No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

All Story Co.

Agency Name: _____

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

Sewell,
McCallsburg

5. Does your agency have eligibility requirements for clients to use your services?

- Yes
- No

If Yes, please check all that apply:

- Age- please specify _____
- Disability- please specify _____
- Income- please specify _____
- Other- please specify _____

6. How many persons make up your total client database?

65

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

ALL

7. During an average week, how many people visit your agency to seek service?

NA

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system (please specify): HEARTLAND SENIOR CENTER
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other- please specify _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes
- No

Agency Name: MEHC

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.
- No sufficient transportation services are available
 - Transportation providers are too costly
 - Transportation services do not operate at the same hours as human service agencies
 - Transportation services do not serve locations where agencies are located
 - Transportation providers only want to serve their own clients
 - Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

Would like Cy Ride route to be added that serves our area.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

See Above

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014

26

11/3/07
via
e-mail

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Date Current As Of _____

Agency Name: Mary Greeley Medical Center

Agency Abbreviation or Acronym: MGMC

Contact Person: Ron Smith Title: Planning + Research Coord.

Mailing Address: 1111 Duff Ave

Ames, IA 50010

Street Address (if different): _____

Telephone: (515) 239-2415 Fax: (515) 239-5092

E-mail: smith@mgmc.com Web Site: www.mgmc.org

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

Private, non-profit Private, for-profit

Public Other: City owned, non-profit

2. Which service does your agency provide? (Please check all that apply)

<input type="checkbox"/> Adult Day Care	<input checked="" type="checkbox"/> Mental Health
<input type="checkbox"/> Child Day Care	<input type="checkbox"/> Recreational/Social
<input type="checkbox"/> Chore Services	<input checked="" type="checkbox"/> Rehabilitation
<input type="checkbox"/> Congregate Nutrition	<input type="checkbox"/> Residential Care
<input type="checkbox"/> Counseling	<input checked="" type="checkbox"/> Senior Care
<input checked="" type="checkbox"/> Education/Training	<input type="checkbox"/> Sheltered Employment
<input type="checkbox"/> Head Start	<input type="checkbox"/> Supported Employment
<input checked="" type="checkbox"/> Home-Delivered Meals	<input type="checkbox"/> Transportation
<input type="checkbox"/> Job Placement	<input checked="" type="checkbox"/> Volunteer Opportunities
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> Welfare/Food Stamps
<input checked="" type="checkbox"/> Medical/Dental	<input type="checkbox"/> Other: _____

3. Do you provide services to clients in more than one location?

Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Iowa Falls Dialysis

Marshalltown Dialysis

Webster City Radiation Therapy

Agency Name: Mary Greeley Medical Center

4. What geographic area do you serve? (Please list all cities serviced in each county)
- Boone County All
 - Dallas County Ferry, Woodward, Granger, Dawson, Benton
 - Hamilton County All
 - Hardin County All
 - Jasper County
 - Marshall County All
 - Polk County Allman, Elkhart, Polk City, Stella, Dutton

5. Does your agency have eligibility requirements for clients to use your services?
 Yes No

- If Yes, please check all that apply:
- Age- please specify _____
 - Disability- please specify _____
 - Income- please specify _____
 - Other- please specify _____

6. How many persons make up your total client database? _____

Of your total client database, how many clients do you estimate are unable to drive themselves to your services? _____

7. During an average week, how many people visit your agency to seek service? _____

8. How do your clients get to your agency or service location (please check all that apply)
- Drive themselves
 - Ride with family or friends
 - Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
 - Volunteers bring them
 - Staff brings them (non-agency operated transportation)
 - Taxi (please specify): _____
 - Car pool with other clients
 - Public transportation system
(please specify): Heartland Senior Services
 - Consolidated agency transportation system
 - Live in a group home and are transported by the group home's vehicle
 - Another agency provides the service (please specify): _____
 - Other- please specify _____

9. What are your agency's primary service hours?
- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
 - Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
 - 24 Hours/Day - 7 Days/Week
 - Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?
 Yes No

Agency Name: Mary Greey Medical Center

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate at the same hours as human service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

New volunteer ride program offered as joint effort of Kentland & ILSUP could potentially resolve many transportation issues for our clients. Cost effective & convenient.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014

HEARTLAND

Senior Services

205 South Walnut Avenue, Ames IA 50010
(515) 233-2906



United Way of Story County



Recipient of Federal and State Transit monies through
Heart of Iowa Regional Transit Agency

HEARTLAND

Transportation Services



Volunteer Driver Program
Basic Information

Heartland Transportation Volunteer Driver Program

This brochure provides information about what services the Volunteer Driver program provides, who is eligible to use the service, and how to arrange a ride using this service.

Purpose of the Volunteer Driver program

To assist our community members in maintaining their desired quality of life by providing accessible and affordable transportation.

Description of Volunteer Driver Program

The Volunteer Driver Program has been developed to meet the transportation needs of rural Story County. The program uses volunteers from each community to assist fellow community members in receiving the transportation services they desire and need. That need can be as simple as going to the grocery store or medical appointments.

All of our volunteers are prescreened to meet MVR and insurance requirements. They also complete an extensive orientation before beginning to provide rides. All rides are dispatched from Heartland Senior Services Public Transit department.

Rider Eligibility Guidelines

1. Passengers must be able to navigate on their own
2. No individuals using wheelchairs
3. In town trips qualify
4. Out of town and out of county trips qualify
5. Rides must be for 2 or fewer passengers
6. A parent or guardian must accompany all children under the age of 18
7. Passengers must provide appropriate car booster seats for young children
8. There are no income requirements

How to Schedule a Ride

To arrange for a ride call us at:
515-233-2906.

All rides will be scheduled through Heartland Senior Services transit. We will contact a volunteer driver and give the passenger a return call to confirm the ride.

Cost of Rides

In town trips: \$1.50 each way
Out of town trips: \$0.39 per mile
Out of county trips: \$0.39 per mile
A reduced fare is available based on monthly income

Please complete survey by December 20, 2006

Includes BOTH MICA offices
- Family Development AND Health Services
Client Transportation Service Needs Assessment Survey

Data Current As Of: 12-7-06

Agency Name: Mid. Iowa Community Action (MICA)
 Agency Abbreviation or Acronym:
 Contact Person: Janelle Durlin Title: Story Co Health Services Coord.
 Mailing Address: 126 S. Kellogg Suite 1
 Street Address (if different): Ames IA 50010
 Telephone: 515-956-3312 Fax: 515-956-3310
 E-mail: janelle@micaonline.org Web Site: micaonline.org

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Congregate Nutrition | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input checked="" type="checkbox"/> Head Start | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Welfare/Food Stamps |
| <input checked="" type="checkbox"/> Medical/Dental | <input type="checkbox"/> Other: _____ |

Please see attached brochures to see what programs MICA provides.

3. Do you provide services to clients in more than one location?
 Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Boone - Agnastana Lutheran Church, 309 S. Greene
 Hardin - Eldora Public Library, 1202 10th St
 - Iowa Falls Immanuel Lutheran Church, 313 Lee Lane

Agency Name: mica

4. What geographic area do you serve? (Please list all cities serviced in each county)

Boone County

Boone

Dallas County

Hamilton County

Webster City, Radcliff, Ellsworth, Randall, Jewell, Eldora, IA Falls

Hardin County

Jasper County

Marshall County

Polk County

5. Does your agency have eligibility requirements for clients to use your services?

Yes

No

If Yes, please check all that apply:

Age- please specify

WIC programs; pregnant moms + kids age 0-5

Disability- please specify

Income- please specify

many different programs with income guidelines

Other- please specify

6. How many persons make up your total client database?

See attached

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

60 each month

7. During an average week, how many people visit your agency to seek service?

300

8. How do your clients get to your agency or service location (please check all that apply)

Drive themselves

Ride with family or friends

Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)

Volunteers bring them

Staff brings them (non-agency operated transportation)

Taxi (please specify):

Car pool with other clients

Public transportation system

(please specify): Cyride

Consolidated agency transportation system

Live in a group home and are transported by the group home's vehicle

Another agency provides the service (please specify):

Other- please specify

9. What are your agency's primary service hours?

Weekdays - approximately 8:00 a.m. to 5:00 p.m.

Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.

24 Hours/Day - 7 Days/Week

Other

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

Yes

No

except for HIV clients who need to go to the doctor in Des Moines or Iowa City

Agency Name: mica

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate at the same hours as human service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify)

lack of funding to buy gas vouchers for families

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

HIV clients do not have a "specialist" in Story County. Therefore, must drive to Des Moines or IA City for care. No resources are available for non-Medicaid individuals.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

Can discount prices be given to low income families on CyRide?

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes - interested
- No - not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner

CyRide

1700 W. 6th Street

Ames, IA 50014

Mid-Iowa Community Action, Inc.

*Helping People. Changing Lives.
Building Communities.*

Individuals served each year:

MICA's Health Services Programs:

WIC Program – 2,100 (Boone & Story counties)

Living With HIV Program – 25 (Story & Boone)

Child and Adult Care Food Program

– 225 (Story & Hamilton)

Maternal Health Program – 120 (Story & Boone)

Child Health Program 350 (Story)

MICA's Family Development Programs

Food Pantry – 2,500

Energy Assistance & All Family

Development Programs - 8,100

Story County Community Dental Clinic – 1,060

Story County Family Development Center

► **Early Head Start** ►

EHS is a home-based program for infants and toddlers up to 3 years old. Parents and children work one-on-one with an Infant-Toddler Development Specialist in order to monitor and encourage developmentally appropriate behaviors. A Family Development Specialist also meets with the family for additional support in achieving self-sufficiency.

► **Head Start** ►

A federally funded program for 3- and 4-year-old children which provides education, social, health, and disability services in preparation for Kindergarten. MICCA manages classrooms for rural Story County with centers in Hurley, Story City, and Nevada. There is also family development support and a high emphasis on parental involvement in the development of their child.

► **CACFP** ►

The Child and Adult Care Food Program helps to establish healthy eating habits for children by working directly with registered child care providers. CACFP guidelines help ensure that children's minimum nutrition needs are met by providing free education and reimbursement to providers for meals served.

► **Emergency Food Program** ►

Our office is fortunate to have a community-funded food pantry available to any residents of Story County in need of emergency groceries. Our goal is to feed a family for three days with on-site, non-perishable items in combination with gift cards to local grocery stores. Families may visit a maximum of once every three months.

► **Project Share** ►

In collaboration with local utility vendors, MICCA manages emergency funds to prevent disconnections and restore disconnected heat and electricity services.

► **LHEAP and Weatherization** ►

The Low-income Home Energy Assistance Program (LHEAP) runs from November 1st through April 15th each year. Families can apply to receive a one-time credit on their energy bill to help ease heating costs during the cold winter months. Approved families may also qualify for weatherization services to improve home energy efficiency.

► **Ames Parks & Recreation Scholarships** ►

Low-income Ames residents can receive scholarships for half-priced programs through Parks and Recreation. Families or individuals can sign up for a pool pass in the summer and school-aged youth can sign up for up to four instructional programs throughout the year.

► **FADSS Program** ►

The Family Development and Self-Sufficiency program is available to families receiving Family Investment Program (FIP) payments. Participants meet regularly with a Family Development Specialist who helps assess their situation, develop a vision for their future, and set goals to help them attain self-sufficiency.

► **Healthy Futures** ►

Provides support for at-risk pregnant moms and new babies. Working closely with a Family Development Specialist, participants set goals for their life, learn parenting strategies, and become more involved in their child's education and developmental needs.

► **Project Home Mission** ►

Local churches sponsor families who are struggling to achieve self-sufficiency through Project Home Mission (PHM). A Family Development Specialist works with each family in developing skills, knowledge and attitudes they need to gain control of their lives.

► **Nutrition & Cellx Health** ►

Health staff offer nutrition education, counseling, and additional health information to pregnant women and parents. Children receive immunizations, physicals, and dental screenings. Services are free or on a sliding scale.

► **WIC** ►

WIC (Woman, Infants, and Children) is a nutrition education and food supplement program for expectant/nursing mothers and children under 5 years old. Dietitians, nurses, and dental hygienists provide information on breastfeeding, nutrition, women's health, and dental health.

► **Living with HIV** ►

Case management services are provided for individuals and families living with HIV/AIDS. Services include locating HIV doctors and prescription programs, advocating for transportation services, facilitating a support group, and offering ongoing emotional support. There are no income guidelines for this program.

► **Community Dental Clinic** ►

Story County residents with no dental care may be able to receive services through the Story County Community Dental Clinic. Adults with Medicaid (Title XIX) may receive services with a \$1 copay at this time. Those without Medicaid are responsible for \$25 per visit and possibly a portion of the fees for any work done depending on income.

165

Start
1/2/07
1/2/07
on phone

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Data Current As Of: _____

Agency Name: Retired and Senior Volunteer Program
 Agency Abbreviation or Acronym: Central Iowa RSVP
 Contact Person: Kalen Petersen Title: _____
 Mailing Address: 617 Pennsylvania Ave
Story City, IA 50248
 Street Address: _____
 (if different) _____
 Telephone: 515-733-4917 Fax: _____
 E-mail: kpetersenrsvp@ Web Site: www.rsvpvolunteer.org
towatele.com.net

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Congregate Nutrition | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Placement | <input checked="" type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Welfare/Food Stamps |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Other: _____ |

3. Do you provide services to clients in more than one location?

- Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Story + Marshall County

Agency Name: RSVP

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

Story - all communities
Marshall - " "

5. Does your agency have eligibility requirements for clients to use your services?
 Yes No

If Yes, please check all that apply:

- Age - please specify
- Disability - please specify
- Income - please specify
- Other - please specify

55

6. How many persons make up your total client database?

900

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

100

7. During an average week, how many people visit your agency to seek service?

4-10

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system
(please specify): Heartland or Cy-Ride
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other - please specify: _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes
- No

Agency Name: RSVP

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly *Sometimes an issue*
- Transportation services do not operate at the same hours as human-service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

Our service is volunteer management. We currently partner with Heartland Sr. Serv. to recruit volunteers to be part of their vol. driver program. This need surfaced after the Comprehensive Community

13. Please describe other transportation needs in your service area that you feel need to be addressed.

needs assessment was conducted. RSVP volunteers are currently assisting Heartland by supplementing their existing transportation services.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Data Current As Of: 12/20/06

Agency Name: Riverside Manor
 Agency Abbreviation or Acronym: _____
 Contact Person: Gregg Hansen Title: Administrator
 Mailing Address: 1204 S. 4th
Ames, Iowa 50010
 Street Address (if different): _____
 Telephone: 239-2903 Fax: 239-5586
 E-mail: _____ Web Site: _____

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input checked="" type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Congregate Nutrition | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Welfare/Food Stamps |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Other: _____ |

3. Do you provide services to clients in more than one location?

- Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Agency Name: _____

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

5. Does your agency have eligibility requirements for clients to use your services?

- Yes No

If Yes, please check all that apply:

- Age- please specify _____
- Disability- please specify Hand Washing from Cma
- Income- please specify _____
- Other- please specify _____

6. How many persons make up your total client database?

53

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

53

7. During an average week, how many people visit your agency to seek service?

2

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system
(please specify): Hammond Semi Cab
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other- please specify _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes No

Agency Name: _____

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate at the same hours as human service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

Would be nice to be able to get transportation besides calling in at least 1 day before transportation is needed. Many times a client wants to see a resident that day & we can't get transportation unless a days notice is given.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

**Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014**

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Data Current As Of: _____

Agency Name: STORY COUNTY V. A.

Agency Abbreviation or Acronym: SCVA

Contact Person: Brett McLean Title: Director

Mailing Address: 126 South Kellogg Suite 201
Ames IA 50010

Street Address
 (if different) _____

Telephone: 382 7292 Fax: 382 7293

E-mail: BMcLean@StoryCounty-IA.com Web Site: WWW.STORYCOUNTY.COM

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chose Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Congregate Nutrition | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Welfare/Food Stamps |
| <input checked="" type="checkbox"/> Medical/Dental | <input checked="" type="checkbox"/> Other: <u>Veterans Benefits</u> |

3. Do you provide services to clients in more than one location?

- Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Agency Name: STORY CO. V.A.

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

STORY COUNTY

5. Does your agency have eligibility requirements for clients to use your services?

- Yes
- No

If Yes, please check all that apply:

- Age - please specify
- Disability - please specify
- Income - please specify
- Other - please specify

FOR COUNTY VA
BENEFITS WE USE
AT NET INCOME

6. How many persons make up your total client database?

7,000 +

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

10%

7. During an average week, how many people visit your agency to seek service?

20 +

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system (please specify): _____
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other - please specify: _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m. 4:30
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes
- No

Agency Name: Story Co. V.A.

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate at the same hours as human service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

more transportation to the Des Moines V.A. Hospital.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner

CyRide

1700 W. 6th Street

Ames, IA 50014

STORY COUNTY COMMISSION OF VETERANS AFFAIRS

The Story County Commission of Veterans Affairs currently offers the following assistance for military veterans:

The Commission of Veterans Affairs provides assistance to Story County veterans and/or their family members who were discharged under Honorable Conditions. You need to have served 90 consecutive days of active federal service.

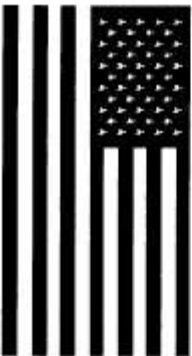
Help with the following needs is available, subject to eligibility guidelines:

- Rent or mortgage payments
- Utilities
- Food and provisions
- Medical and dental assistance
- Prescription medication
- Transportation
- Burial assistance
- Grave markers

The Veterans Affairs Department also provides assistance to ALL veterans and/or their family members in applying for federal benefits and other veterans aid, which include but are not limited to:

Application Assistance For:

- Service connected disability compensation
- Special monthly compensation
- Non-service connected pension
- Surviving spouse pension
- Aid & attendance/housebound
- Military records upgrade and military records replacement
- Agent Orange/PTSD/Desert Storm Sickness/Type II Diabetes/Hep C
- Application for VA Health Care System
- Application for admission to the Iowa Veterans Home
- Headstones
- All other federal programs for which veterans and/or dependents may be eligible



The members of the Story County Commission of Veterans Affairs are members of the Iowa County Commissioners of Veterans Affairs. The Commission members are certified annually by the state. The Story County Executive Director is a member of the National Assoc. of County Veterans Service Officers (NACVSO) and is certified as a National Service Officer. The Executive Director attends national training annually with NACVSO.



Community Affairs Workshops/Presentations



The Story County Veterans Affairs Office is available for workshops, presentations, and guest speaking concerning federal, state and county veterans benefits.

For information or to schedule, contact:
Brett McLain—Executive Director

126 S. Kellogg Ave, Suite 201
Ames, IA 50010

Office: (515) 382-7292
Fax: (515) 382-7293

E-mail at: bmclain@storycounty.com

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Data Current As Of: December 2006

Agency Name: STORY COUNTY COMMUNITY HOUSING CORPORATION
 Agency Abbreviation or Acronym: SCCHC
 Contact Person: RICHARD WEBB Title: EXEC DIR
 Mailing Address: 130 S Sheldon #304
AMES IA 50014
 Street Address (if different): _____
 Telephone: 292-3676 Fax: _____
 E-mail: rwebb@scct.com Web Site: www.scct.com

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Congregate Nutrition | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Welfare/Food Stamps |
| <input type="checkbox"/> Medical/Dental | <input checked="" type="checkbox"/> Other: <u>housing</u> |

3. Do you provide services to clients in more than one location?

- Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

currently just Ames.

Agency Name:

SCLHC

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

STUY

5. Does your agency have eligibility requirements for clients to use your services?

- Yes
- No

If Yes, please check all that apply:

- Age- please specify
- Disability- please specify
- Income- please specify
- Other- please specify

< 80% of AMI

6. How many persons make up your total client database?

25

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

-0-

7. During an average week, how many people visit your agency to seek service?

1

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify):
- Car pool with other clients
- Public transportation system (please specify):
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify):
- Other- please specify:

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other

or when appointments demand.

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes
- No

Agency Name: SCLTC

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.
- No sufficient transportation services are available
 - Transportation providers are too costly
 - Transportation services do not operate at the same hours as human service agencies
 - Transportation services do not serve locations where agencies are located
 - Transportation providers only want to serve their own clients
 - Other (please specify) too student focused.

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure maybe

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Data Current As Of: 12-12-06

Agency Name: Story County Community Life Program
 Agency Abbreviation or Acronym: SCLCP
 Contact Person: Gayla Harken Title: Director
 Mailing Address: 104 S. Hazel Ave
Ames, IA 50010
 Street Address (if different): _____
 Telephone: 515-956-2602 Fax: 515-956-2601
 E-mail: gharken@storycounty.com Web Site: _____

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Adult Day Care | <input checked="" type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input checked="" type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Congregate Nutrition | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input checked="" type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Welfare/Food Stamps |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Other: _____ |

3. Do you provide services to clients in more than one location?

- Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Throughout Story County

Agency Name: _____

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

5. Does your agency have eligibility requirements for clients to use your services?

- Yes No

If Yes, please check all that apply:

- Age- please specify
- Disability- please specify
- Income- please specify
- Other- please specify

18 & older
W#146100/81

6. How many persons make up your total client database?

-200/yr

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

175

7. During an average week, how many people visit your agency to seek service?

75

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system
(please specify): Heartland / Dial-a-Ride / CyRide
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other- please specify _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m. at administration building
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week for residential services
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes No

most can access transportation, but a few need cannot.

Agency Name: SCCLP

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available.
- Transportation providers are too costly.
- Transportation services do not operate at the same hours as human service agencies.
- Transportation services do not serve locations where agencies are located.
- Transportation providers only want to serve their own clients.
- Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

clients get work outside of transportation areas & at times transportation doesn't run.
Outside of Ames service is sometimes a scheduling challenge

13. Please describe other transportation needs in your service area that you feel need to be addressed.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Date Current As Of: 12-4-06

Agency Name: Story County Community Life Program
 Agency Abbreviation or Acronym: CLP
 Contact Person: Gayla Harken Title: Director
 Mailing Address: 104 S. Hazel Avenue Ames, Ia 5000
 Street Address:
 (if different)
 Telephone: 515-956-2600 Fax: 515-956-2601
 E-mail: _____ Web Site: _____

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: County Government

2. Which service does your agency provide? (Please check all that apply)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Adult Day Care | <input checked="" type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input checked="" type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input checked="" type="checkbox"/> Rehabilitation |
| <input checked="" type="checkbox"/> Congregate Nutrition | <input checked="" type="checkbox"/> Residential Care |
| <input checked="" type="checkbox"/> Counseling | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input checked="" type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Job Placement | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Welfare/Food Stamps |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Other: _____ |

3. Do you provide services to clients in more than one location?

- Yes No

Within Story County
 If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Agency Name: Story County Community Life Program

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

5. Does your agency have eligibility requirements for clients to use your services?

- Yes No

If Yes, please check all that apply:

- Age- please specify _____
- Disability- please specify MI MR DD
- Income- please specify _____
- Other- please specify _____

6. How many persons make up your total client database?

200

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

75%

7. During an average week, how many people visit your agency to seek service?

75

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system (please specify): _____
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other- please specify _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes No

Agency Name: Story County Community Life Program

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate at the same hours as human service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

?

13. Please describe other transportation needs in your service area that you feel need to be addressed.

?

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes, interested
- No, not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

**Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014**

1/3/07
sent

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Data Current As Of: 12-5-2006

Agency Name: Iowa Department of Human Services
 Agency Abbreviation or Acronym: DHS
 Contact Person: Ellen Hansen Title: I. M. Administrator
 Mailing Address: 126 So Kellogg, Ste 003
Ames, Ia. 50010
 Street Address (if different): _____
 Telephone: 515-956-2588 Fax: 515-956-2599
 E-mail: ehansen@dhs.iowa.state.us Web Site: iowa.dhs.state.iowa.us

Agency Information

Resent 1/3/07 to
ehansen@dhs.state.iowa.us

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Mental Health |
| <input checked="" type="checkbox"/> Child Day Care (payment) | <input type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Congregate Nutrition | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input type="checkbox"/> Transportation (i.e. reimbursement of expenses) |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Volunteer Opportunities |
| <input checked="" type="checkbox"/> Medicaid | <input checked="" type="checkbox"/> Welfare/Food Stamps |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Other: _____ |

3. Do you provide services to clients in more than one location?

- Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Hamilton County - 3300 Superior St., Webster City, Ia 50595
Hardin County - 1301 14th Ave, Eldora, Ia 50027
Jasper County - 115 N 2nd Ave E., Newton, Iowa 50208
Marshall County - 206 West Sixth Street, Marshalltown, Ia 50158

Agency Name: DHS

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

Served by other service area

 " "

5. Does your agency have eligibility requirements for clients to use your services?

- Yes
- No

If Yes, please check all that apply:

- Age- please specify
- Disability- please specify
- Income- please specify
- Other- please specify

varies by program
varies by program
varies by program
varies by program

6. How many persons make up your total client database?

unknown

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

unknown, estimate 5%

7. During an average week, how many people visit your agency to seek service?

unknown

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system
(please specify): various
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): various
- Other- please specify _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 4:30 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes
- No

Agency Name: DHS

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate at the same hours as human service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify)

Some transportation reimbursement via Medicaid covers transportation to/from Medicaid services

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

Transportation to/from grocery stores
Transportation to/from employment or employment opportunities
Transportation to/from school events (public school events -- access by parents & siblings)

13. Please describe other transportation needs in your service area that you feel need to be addressed.

Transportation to & from medical & dental appointments
Transportation to/from grocery stores
Transportation to/from employment or employment opportunities

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure (of relationship to our programs)

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Data Entry As Of: 12-18-06

Agency Name: Abington on GRAND

Agency Abbreviation or Acronym: .

Contact Person: STEVE KING Title: ADMINISTRATOR

Mailing Address: 3440 GRAND AVE
AMES, IA 50010

Street Address: _____
(if different)

Telephone: 515-232-3426 Fax: 515-233-8313

E-mail: abington@ahahealthcare.com Web Site: _____

Agency Information

This section requests information about your organization and the types of services provided to your clients.

1. Which of the following best describes your agency?

Private, non-profit Private, for-profit

Public Other _____

2. Which service does your agency provide? (Please check all that apply)

<input type="checkbox"/> Adult Day Care	<input checked="" type="checkbox"/> Mental Health
<input type="checkbox"/> Child Day Care	<input type="checkbox"/> Recreational/Social
<input type="checkbox"/> Chote Services	<input checked="" type="checkbox"/> Rehabilitation
<input type="checkbox"/> Congregate Nutrition	<input type="checkbox"/> Residential Care
<input type="checkbox"/> Counseling	<input checked="" type="checkbox"/> Senior Care
<input type="checkbox"/> Education/ Training	<input type="checkbox"/> Sheltered Employment
<input type="checkbox"/> Head Start	<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Home-Delivered Meals	<input type="checkbox"/> Transportation
<input type="checkbox"/> Job-Placement	<input type="checkbox"/> Volunteer Opportunities
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> Welfare/Food Stamps
<input type="checkbox"/> Medical/Dental	<input checked="" type="checkbox"/> Other: <u>SNP MEDICARE</u>

3. Do you provide services to clients in more than one location?

Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Harrison, Hardin, Jasper, Marshall and Polk.

Agency Name: ABINGTON ON GRAND

4. What geographic area do you serve? (Please list all cities serviced in each county)

Boone County _____
 Dallas County _____
 Hamilton County _____
 Hardin County _____
 Jasper County _____
 Marshall County _____
 Polk County _____

5. Does your agency have eligibility requirements for clients to use your services?
 Yes No

If Yes, please check all that apply:
 Age- please specify _____
 Disability- please specify _____
 Income- please specify _____
 Other- please specify _____

6. How many persons make up your total client database? 70

Of your total client database, how many clients do you not want are unable to drive themselves to your services? 70

7. During an average week, how many people visit your agency to seek services? 3

8. How do your clients get to your agency or service location (please check all that apply)

Drive themselves
 Ride with family or friends
 Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
 Volunteers bring them
 Staff brings them (non-agency operated transportation)
 Taxi (please specify): _____
 Car pool with other clients
 Public transportation system (please specify): _____
 Consolidated agency transportation system
 Live in a group home and are transported by the group home's vehicle
 Another agency provides the service (please specify): AMBULANCE SERVICES
 Other- please specify _____

9. What are your agency's primary service hours?
 Weekdays - approximately 8:00 a.m. to 5:00 p.m.
 Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
 24 Hours/Day - 7 Days/Week
 Other: _____

10. Is the transportation needed generally available to THOSE clients in order for them to have complete access to the services your agency provides, when needed?
 Yes No

Agency Name: _____

11. From your perspective, what are the transportation barriers that are preventing people from accessing services that your agency provides in the areas marked in Question 4?

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate as the same as the Human Service Agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify): _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

none

13. Please describe other transportation needs in your service area that you feel need further attention.

Work with us on less than 24 hr notice
Maybe an emergency service that would
cost a little more for less than less than
24 hr notice.

14. Please indicate your level of interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes, interested
- No, not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation planners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. They will allow Cy-Ride to distribute the survey as well as all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner
Cy-Ride
1700 W. 6th Street
Ames, IA 50014

Sent
12/24

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Date Current As Of: 12-20-06

Agency Name: Youth + Shelter Services - Pathways
 Agency Abbreviation or Acronym: YSS
 Contact Person: Sheila Paul Title: FADSS Coordinator
 Mailing Address: 520 Kellogg
Ames 50010
 Street Address:
 (if different)
 Telephone: 515-239-3144 Fax:
 E-mail: spaul@yss.ames.iowa.gov Web Site:

Agency Information

This section requests information about your organization and the types of services provided to your clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Adult Day Care | <input checked="" type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Congregate Nutrition | <input type="checkbox"/> Residential Care |
| <input checked="" type="checkbox"/> Counseling | <input type="checkbox"/> Senior Care |
| <input checked="" type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Job Placement | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Welfare/Food Stamps |
| <input type="checkbox"/> Medical/Dental | <input checked="" type="checkbox"/> Other: <u>LIFE SKILLS</u> |

3. Do you provide services to clients in more than one location?

- Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Boone Dallas Marshall

Agency Name: Youth & Shelter Services

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

all towns
all towns
all towns

5. Does your agency have eligibility requirements for clients to use your services?

- Yes
- No

If Yes, please check all that apply:

- Age- please specify
- Disability- please specify
- Income- please specify
- Other- please specify

25 & under
receiving FIP

6. How many persons make up your total client database?

88

Of your total client database, how many clients do you estimate are unable to drive themselves to your services?

75%

7. During an average week, how many people visit your agency to seek service?

10

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system (please specify): CyRide
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other- please specify _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes
- No

Agency Name:

Youth & Shelter Services

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate at the same hours as human service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

People do not live on the BUS route. Difficult to establish route time to take kids to daycare then to work. Bus does not wait at daycare.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

More routes. Earlier times for want people need to be to work early.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner

CyRide

1700 W. 6th Street

Ames, IA 50014

Please complete survey by December 20, 2006

Client Transportation Service Needs Assessment Survey

Data Current As Of: 12/4/2006

Agency Name: Youth + Shelter Services, Inc.
 Agency Abbreviation or Acronym: yss
 Contact Person: _____ Title: _____
 Mailing Address: P.O. Box 1628
Ames, IA 50010
 Street Address (if different): 420 Kellogg
 Telephone: 515-233-3141 Fax: 515-233-2440
 E-mail: _____ Web Site: WWW.yssames.ia.us

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?

- Private, non-profit Private, for-profit
 Public Other: _____

2. Which service does your agency provide? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Adult Day Care | <input checked="" type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Day Care | <input type="checkbox"/> Recreational/Social |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Congregate Nutrition | <input checked="" type="checkbox"/> Residential Care |
| <input checked="" type="checkbox"/> Counseling | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Home-Delivered Meals | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Placement | <input checked="" type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Welfare/Food Stamps |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Other: _____ |

3. Do you provide services to clients in more than one location?

- Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.

Boone - Youth + Shelter Services of Boone Co.
105 S. Marshall Boone 50036
Hamilton - Youth + Family Center
Marshall - yss of Marshall Co.

Agency Name: USS

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County
- Dallas County
- Hamilton County
- Hardin County
- Jasper County
- Marshall County
- Polk County

Boone, Madrid, Oaden, Boxholm
Adel, Perry, W. Des Moines, Grimes
Webster City
Marshalltown
Des Moines

5. Does your agency have eligibility requirements for clients to use your services?

- Yes No

If Yes, please check all that apply:

- Age - please specify _____
- Disability - please specify _____
- Income - please specify _____
- Other - please specify _____

Sliding fee based on income

6. How many persons make up your total client database? _____

Of your total client database, how many clients do you estimate are unable to drive themselves to your services? _____

7. During an average week, how many people visit your agency to seek service? _____

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system
(please specify): Cy-Ride, Boone Co Transport
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other - please specify _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes No

Agency Name: USS

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate at the same hours as human service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa:

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

**Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014**

Please complete survey by December 20, 2006

Sent via mail 1/31/07

Client Transportation Service Needs Assessment Survey

Data Current As Of: 12/20/06

Agency Name: Youth + Shelter Services - Healthy Futures
Agency Abbreviation or Acronym: YSS
Contact Person: Kim Ventercher Title: Healthy Futures Coord.
Mailing Address: 420 Kellogg Ave.
Ames IA 50010
Street Address (if different): _____
Telephone: 232-4332 ext 410 Fax: _____
E-mail: _____ Web Site: _____

Agency Information

This section requests information about your organization and the types of services provided to you clients.

1. Which of the following best describes your agency?
 Private, non-profit Private, for-profit
 Public Other: _____
2. Which service does your agency provide? (Please check all that apply)
 Adult Day Care Mental Health
 Child Day Care Recreational/Social
 Chore Services Rehabilitation
 Congregate Nutrition Residential Care
 Counseling Senior Care
 Education/Training Sheltered Employment
 Head Start Supported Employment
 Home-Delivered Meals Transportation
 Job Placement Volunteer Opportunities
 Medicaid Welfare/Food Stamps
 Medical/Dental Other: Family Development Services
3. Do you provide services to clients in more than one location?
 Yes No

If Yes, please list all locations in the following counties: Boone, Dallas, Hamilton, Hardin, Jasper, Marshall and Polk.
Story + Boone Counties

Agency Name: _____

4. What geographic area do you serve? (Please list all cities serviced in each county)

- Boone County All
- Dallas County _____
- Hamilton County _____
- Hardin County _____
- Jasper County _____
- Marshall County _____
- Polk County _____

5. Does your agency have eligibility requirements for clients to use your services?

- Yes
- No

If Yes, please check all that apply:

- Age- please specify _____
- Disability- please specify _____
- Income- please specify _____
- Other- please specify _____

6. How many persons make up your total client database? 50

Of your total client database, how many clients do you estimate are unable to drive themselves to your services? 30

7. During an average week, how many people visit your agency to seek service? 5

8. How do your clients get to your agency or service location (please check all that apply)

- Drive themselves
- Ride with family or friends
- Agency operated transportation (Does your agency provide transportation service for clients & thereby own a vehicle to transport their clients?)
- Volunteers bring them
- Staff brings them (non-agency operated transportation)
- Taxi (please specify): _____
- Car pool with other clients
- Public transportation system (please specify): Cy-Ride
- Consolidated agency transportation system
- Live in a group home and are transported by the group home's vehicle
- Another agency provides the service (please specify): _____
- Other- please specify _____

9. What are your agency's primary service hours?

- Weekdays - approximately 8:00 a.m. to 5:00 p.m.
- Weekdays and Weekends - approximately 8:00 a.m. to 5:00 p.m.
- 24 Hours/Day - 7 Days/Week
- Other _____

10. Is the transportation needed generally available to THESE clients in order for them to have complete access to the services your agency provides, when needed?

- Yes
- No

Agency Name: _____

11. From your perspective, what are the transportation barriers that are preventing people from accessing service that your agency provides in the areas marked in Question 4.

- No sufficient transportation services are available
- Transportation providers are too costly
- Transportation services do not operate at the same hours as human service agencies
- Transportation services do not serve locations where agencies are located
- Transportation providers only want to serve their own clients
- Other (please specify) _____

12. Please describe transportation needs specific to your agency that you feel are NOT being met.

Transportation not always available to work places.

13. Please describe other transportation needs in your service area that you feel need to be addressed.

14. Please indicate your potential interest in becoming involved with a collaborative effort of transportation services and resources in central Iowa.

- Yes- interested
- No- not interested
- Unsure

15. Following is a list of Human Service Agencies and/or collaborative transportation partners in the Ames Area Metropolitan Planning Organization area. Please list any other human service agencies in operation that are not included on this list. This will allow Cy-Ride to distribute this survey request to all the available Human Service Agencies.

Again, please return survey by December 20, 2006 to:

Shari Atwood, Transit Planner
CyRide
1700 W. 6th Street
Ames, IA 50014